



Teleprocessing Users Guide - Provider Relations I, II, & III (Volume 2)

Turnover Library Reference Number: PRPS10001

Document Management System Reference: Teleprocessing Users Guide- Provider Relations I, II, & III
(Volume 2)

Address any comments concerning the contents of this manual to:

EDS Client Services Unit
950 North Meridian Street, 10th Floor
Indianapolis, IN 46204
Fax: (317) 488-5169

EDS is a registered mark of Electronic Data Systems Corporation

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	January 2000	Multiple	Package C updates	Heather Wisnieski
Version 2.0	October 2000	All	New Format	Dee Witt
Version 2.1	March 2001	Section 9	Added updates from CSR #IN012804	Karen Girgis
Version 3.0	July 2001	All	Rendering/billing CSR changes and combined all TP Users Guides- Provider Relations into one manual	Karen Girgis

Table of Contents

Revision History	iii
Section 1: Provider Restricted Services Maintenance	
Window	1-1
Introduction	1-1
Menu Bar	1-2
Field Information	1-4
Update Area	1-4
Other Errors	1-17
Section 2: Provider Program Eligibility Maintenance	
Window	2-1
Introduction	2-1
Menu Bar	2-2
Field Information	2-4
Section 3: Provider Medical Education Cost Window	
3-1	
Introduction	3-1
Menu Bar	3-2
Field Information	3-4
System Information	3-6
Special Features	3-6
Section 4: Provider Specific Capital Cost Window	
4-1	
Introduction	4-1
Menu Bar	4-2
Field Information	4-4
System Information	4-5
Special Features	4-6
Section 5: Provider Cost To Charge Ratio Window	
5-1	
Introduction	5-1
Menu Bar	5-2
Field Information	5-4
System Information	5-6
Special Features	5-6
Section 6: Provider Marginal Cost Factor Window	
6-1	
Introduction	6-1
Menu Bar	6-2
Field Information	6-4
System Information	6-5
Special Features	6-6
Section 7: Provider DRG Rate Window	
7-1	
Introduction	7-1

Menu Bar	7-2
Field Information.....	7-4
System Information.....	7-5
Special Features.....	7-6
Section 8: Provider DRG Rate Maintenance Window	8-1
Introduction	8-1
Menu Bar.....	8-2
Field Information.....	8-4
System Information.....	8-6
Special Features.....	8-6
Section 9: Provider Service Location Window.....	9-1
Introduction	9-1
Menu Bar.....	9-2
Field Information.....	9-5
Service Location Eligibility	9-10
Provider Tax IDs	9-11
Provider Type.....	9-12
Provider Specialties.....	9-13
Other Error	9-14
System Information.....	9-15
System Features.....	9-15
Section 10: UCC Maintenance Window	10-1
Introduction	10-1
Menu Bar.....	10-2
Field Information.....	10-3
System Information.....	10-5
System Features.....	10-6
Section 11: Provider Dispensing Fee Adjustment Window	11-1
Introduction	11-1
Menu Bar.....	11-2
Field Information.....	11-4
System Information.....	11-6
System Features.....	11-6
Section 12: Group Member Maintenance Window	12-1
Introduction	12-1
Menu Bar.....	12-2
Field Information.....	12-4
System Information.....	12-8
System Features.....	12-8
Section 13: Provider Address Window	13-1
Field Information.....	13-1
System Information.....	13-4
System Features.....	13-4

Section 14: Provider Name Maintenance Window	14-1
Introduction	14-1
Menu Bar	14-2
Field Information	14-4
System Information	14-5
System Features	14-5
Section 15: Provider Address Maintenance Window	15-1
Menu Bar	15-2
Field Information	15-4
Current Address	15-4
Change Address To	15-6
System Information	15-8
System Features	15-9
Section 16: Provider Address Window	16-1
Introduction	16-1
Menu Bar	16-2
Field Information	16-4
System Information	16-6
System Features	16-6
Section 17: Provider Address New Window	17-1
Menu Bar	17-2
System Information	17-9
System Features	17-9
Section 18: DEA Maintenance Window	18-1
Introduction	18-1
Menu Bar	18-2
Field Information	18-4
System Information	18-6
System Features	18-6
Section 19: CLIA Maintenance Window	19-1
Introduction	19-1
Menu Bar	19-2
Field Information	19-4
System Information	19-6
System Features	19-6
Section 20: Provider EFT Listing Window	20-1
Introduction	20-1
Menu Bar	20-2
Field Information	20-4
Other Messages	20-7
System Information	20-7
System Features	20-7

Section 21: Provider EFT Account/Financial Institution	
Window	21-1
Introduction	21-1
Menu Bar	21-3
Field Information	21-5
Other Messages	21-8
System Information	21-9
System Features	21-9
Section 22: Tax ID Maintenance Window	22-1
Introduction	22-1
Menu Bar	22-2
Field Information	22-4
System Information	22-7
System Features	22-7
Section 23: Provider Type/Specialty Maintenance Window.....	23-1
Introduction	23-1
Menu Bar	23-2
Field Information	23-4
Update Area	23-5
System Information	23-15
System Features	23-15
Section 24: Provider Subspecialty List Window	24-1
Introduction	24-1
Field Information	24-2
Section 25: Medicare Billing Provider Maintenance	
Window	25-1
Introduction	25-1
Menu Bar	25-2
Field Information	25-4
System Information	25-6
System Features	25-7
Section 26: Provider Base Window	26-1
Introduction	26-1
Menu Bar	26-2
Field Information	26-4
Other Functions	26-8
System Information	26-11
System Features	26-11
Glossary	G-1
Index	I-1

Section 1: Provider Restricted Services Maintenance Window

Introduction

IFSSA and EDS use the Provider Restricted Services Maintenance window to view or update provider restriction and review information. Only authorized users with update privileges have the ability to add new information or change existing data. The Provider Restricted Services Maintenance window is accessed through the Provider Base window by clicking **Restrict Svcs**, or by clicking **Alt+R**.

Provider Restricted Services

File Edit Applications

Provider ID: 100236460

Status	Eff Date	End Date	ClmType	POS	In/Exc	Restrict	Low Code	High Code	Mod
--------	----------	----------	---------	-----	--------	----------	----------	-----------	-----

Update Area

Status	Eff Date	End Date	Claim Type	POS	In/Exc	Restrict	Low Code	High Code	Mod
Active			*	**	*****	****			

Delete Refresh Save Exit

Figure 1.1 – Provider Restricted Services Maintenance Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Delete	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 1.2 – Provider Restricted Services Maintenance Window Menu Tree

This is the menu tree for the Provider Restricted Services Maintenance window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Restricted Services Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, add a provider record, save the window, or print the screen being viewed.

Save – Saves entered information

Delete – Deletes a piece of existing information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Base window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses the Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character numeric

Features – Protected, display only

Errors – None

To Correct – N/A

Update Area

Field Name: Status

Description – Status of the restriction. Valid values include the following:

- Active
- Inactive

Format – Eight alphabetic characters

Features – Drop-down list box

Errors – None

To Correct – N/A

Field Name: Eff Date

Description – Effective date of the restriction

Format – CCYYMMDD

Features – None

Edit – 91020, End date must be >= Effective date

To Correct – Verify entry. Ensure that the ending date is greater or equal to the effective date.

Error – 91040 – Invalid Date – must be CCYYMMDD!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Field Name: End Date

Description – End date of restriction

Format – CCYYMMDD

Features – None

Edit – 91020, End date must be >= Effective date

To Correct – Verify entry. Ensure that the ending date is greater or equal to the effective date.

Error – 91040 – Invalid Date – must be CCYYMMDD!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Field Name: Clm Type

Description – Claim type. Valid values include the following:

- *
- A
- B
- C
- D
- E
- F
- H
- I
- L

- M
- O
- P

Format – One alphabetic character

Features – Drop-down list box

Errors – None

To Correct – N/A

Field Name: POS

Description – Place of service. Valid values include the following:

- **
- 11 – OFFICE
- 12 – HOME
- 21 – INPATIENT HOSPITAL
- 22 – OUTPATIENT HOSPITAL
- 23 – EMERGENCY ROOM
- 24 – AMBULATORY SURGICAL CENTER
- 25 – BIRTHING FACILITY
- 26 – MILITARY TREATMENT FACILITY
- 31 – SKILLED NURSING FACILITY
- 32 – NURSING FACILITY
- 33 – CUSTODIAL CARE FACILITY
- 34 – HOSPICE
- 41 – AMBULANCE-LAND
- 42 – AMBULANCE-AIR OR WATER
- 51 – INPATIENT PSYCHIATRIC FACILITY
- 52 – PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
- 53 – COMMUNITY MENTAL HEALTH CENTER
- 54 – INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
- 55 – RESIDENTIAL SUBSTANCE ABUSE FACILITY

- 56 – PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
- 61 – COMPREHENSIVE INPATIENT REHABILITATION FACILITY
- 62 – COMPREHENSIVE OUTPATIENT REHABILITATION
- 65 – END STAGE RENAL DISEASE TREATMENT FACILITY
- 71 – STATE OR LOCAL PUBLIC HEALTH CLINIC
- 72 – RURAL HEALTH CLINIC
- 81 – INDEPENDENT LABORATORY
- 99 – OTHER UNLISTED FACILITY

Format – Two characters numeric

Features – Drop-down list box

Errors – None

To Correct – N/A

Field Name: In/Exc

Description – Indicates whether the restriction is inclusive to the code displayed or exclusive of the code displayed with valid values to include the following:

- *****
- Exclude
- Include

Format – Seven alphabetic characters

Features – Drop-down list box

Errors – None

To Correct – N/A

Field Name: Restrict

Description – The type of restriction to be viewed. Valid values include the following:

- ****
- Drug

- Proc
- Rev

Format – Four alphabetic characters

Features – Drop-down list box

Error – 5026 – Please enter In/Exc value with Restriction Type!

To Correct – Verify entry. If a restriction type is entered, an In/Exc value must also be entered.

Error – 5027 – Please enter Restriction Type With In/Exc Value!

To Correct – Verify entry. If an In/Exc value is entered then a Restriction Type must also be entered.

Field Name: Low Code

Description – The lowest number in a sequential range of restricted codes

Format – 11 numeric characters

Features – None

Error – 5067 – High Range cannot be less than Low Range

To Correct – Verify entry

Error – 91041 – Low Range is required!

To Correct – Verify entry. Entry is required.

Error – 5068 – Drug Code Not Found!

To Correct – Verify entry. Ensure the NDC typed is a valid NDC and is stored on the NDC table.

Error – 5069 – Modifier is invalid for this Procedure!

To Correct – Verify entry. Ensure the modifier selected from the drop-down list is a valid code and is valid for the procedure code selected.

Error – 5070 – Revenue Code Not Found!

To Correct – Verify entry. Ensure the revenue code typed is a valid revenue code and is on the revenue code table.

Error – 5071 – Date AND Code Ranges overlap existing segment!

To Correct – Verify entry. The restrictive ranges cannot overlap.

Error – 5028 – Procedure Code not found!

To Correct – Verify entry – Procedure code must be located in the procedure code table.

Field Name: High Code

Description – The highest number in a sequential range of codes

Format – 11 character numeric

Features – None

Error – 5067 – High Range cannot be less than Low Range

To Correct – Verify entry.

Error – 91042 – High Range is required!

To Correct – Verify entry. Entry is required.

Error – 5068 – Drug Code Not Found!

To Correct – Verify entry. Ensure the NDC typed is a valid NDC and is stored on the NDC table.

Error – 5069 – Modifier is invalid for this Procedure!

To Correct – Verify entry. Ensure the modifier selected from the drop-down list is a valid code and is valid for the procedure code selected.

Error – 5070 – Revenue Code Not Found!

To Correct – Verify entry. Ensure the revenue code typed is a valid revenue code and is on the revenue code table.

Error – 5071 – Date AND Code Ranges overlap existing segment!

To Correct – Verify entry. The restrictive ranges cannot overlap.

Error – 5028 – Procedure Code not found!

To Correct – Verify entry. Procedure code must be located in the procedure code table.

Field Name: Mod

Description – Procedure code modifiers (if applicable). Valid values include the following:

- 20 – Microsurgery
- 21 – Prolonged evaluation and management services
- 22 – Unusual services
- 23 – Unusual anesthesia
- 24 – Unrelated evaluation and management service by the same physician during a post operative period
- 25 – Significant, separately identifiable evaluation and management service by the same physician on the day of a procedure.
- 26 – Professional component
- 32 – Mandated services
- 47 – Anesthesia by a surgeon
- 50 – Bilateral procedures
- 51 – Multiple procedures
- 52 – Reduced services
- 53 – Discontinued procedure
- 54 – Surgical care only
- 55 – Post operative management only
- 56 – Preoperative management only
- 57 – Decision of surgery
- 58 – Staged/Related procedure
- 59 – Distinct Procedural
- 62 – Two surgeons
- 66 – Surgical items
- 75 – Concurrent care services rendered by more than one physician
- 76 – Repeat procedure by the same physician
- 77 – Repeat procedure by another physician
- 78 – Return to the operating room for a related procedure during the post operative period
- 79 – Unrelated procedure or service by same physician during the post operative period

- 80 – Assistant surgeon
- 81 – Minimum assistant surgeon
- 82 – Assistant surgeon qualified resident not available
- 90 – Reference (outside) laboratory
- 91 – Repeat clinical diagnostic
- 99 – Anesthesia - Suspend
 - AA – Anesthesia services by anesthesiologist
 - AD – Supervision of more than four concurrent anesthesia services by anesthesiologist
 - AH – Clinical psychologist
 - AJ – Clinical social worker
 - AK – Nurse practitioner (team member service)
 - AL – Nurse practitioner
 - AM – Physician (team member service)
 - AN – Physician assistance or other assistant at surgery
 - AP – Determination of refractive state was not performed
 - AS – Physician assistant (assistant at surgery) (non-team member)
 - AT – Acute treatment
 - AU – Physician assistant (other than assistant at surgery) (team member)
 - AV – Nurse Practitioner
 - AW – Clinical Nurse Specialist
 - AY – Clinical Nurse Specialist
 - BP – Elected purchase
 - BR – No decision from benfic
 - BU – No decision from benfic
 - CC – Portable X-ray (system set)
 - DE – From DX site to facility
 - DH – From DX site to hospital
 - DN – From DX site to SNF
 - DR – From DX site to residence
 - E1 – Upper left, eyelid
 - E2 – Lower left, eyelid
 - E3 – Upper right, eyelid
 - E4 – Lower right, eyelid
 - ED – From facility to DX site
 - EE – From facility to another facility
 - EH – From facility to hospital
 - EJ – Subsequent EPO injection
 - EM – Emergency reserve supply (ESRD)

- EN – From facility to SNF
- EP – From facility to MD office
- ER – From facility to residence
- ET – Emergency treatment
- EX – From facility to hospital
- F1 – Left hand, second digit
- F2 – Left hand, third digit
- F3 – Left hand, fourth digit
- F4 – Left hand, fifth digit
- F5 – Right hand, thumb
- F6 – Right hand, second digit
- F7 – Right hand, third digit
- F8 – Right hand, fourth digit
- F9 – Right hand, Fifth digit
- FA – Left hand, thumb
- FP – Service provided as part of IHCP planning program
- G1 – KT/V Reading of less than
- G2 – KT/V Reading of 1.0 to
- G3 – KT/V Reading of 1.1
- G4 – KT/V Reading of 1.2 to
- G5 – KT/V Reading of 1.3 or
- G6 – ESRD patient for whom les
- G7 – Pregnancy resulted from rape
- G8 – Monitored anesthesia care
- G9 – Monitored anesthesia care
- GA – Waiver of liability
- GC – This service has been
- GE – This service has been
- GH – Diagnostic mammogram conv
- GJ – “OPT OUT” physician or pr
- GN – Service delivered persona
- GO – Service delivered persona
- GP – Service delivered persona
- GT – Via interactive audio and
- GX – Service not covered by me
- HD – From hospital to DX site
- HE – From hospital to resident
- HH – From hospital to SNF
- HP – From hospital to MD office
- HR – From hospital to residence
- HX – From hospital to hospital
- K0 – Lower extremity prosthesi

- K1 – Low extre prost funct lev
- K2 – Low extrem prost funct le
- K3 – Low extrem prost funct le
- K4 – Low extrem prost funct le
- KA – Add on Opt/wheelchair
- KB – 16 square inches or less
- KC – Less than 16 but greater
- KD – Less than 48 inches
- KE – 1 once
- KF – 1 linear yard
- KG – 1 cubic centimeter
- KH – DMEPOS initial claim
- KI – DMEPOS item, second or th
- KJ – DMEPOS months 4 to 15
- KK – Inhal solution – FDA appro
- KL – Prod charac def in med po
- KM – Replacement of facial
- KN – Replacement of facial
- KO – Low extre prost funct lev
- KO – Single drug unit dose
- KP – First drug of a multiple
- KQ – Second or subsequent drug
- KS – Glucose monitor supply fo
- LC – Left circumflex coronary
- LD – Left anterior descending
- LL – Lease/rental
- LO – Lease only
- LR – Laboratory round trip
- LS – FDA – monitored intraocular lens implant
- LT – Left side procedure
- MS – Maintenance/service on a capped rental item that has been rented for 15 months
- ND – From SNF to DX site
- NE – From SNF to hospital
- NH – From SNF to hospital
- NN – From SNF to SNF
- NP – From SNF to MD office
- NR – From a skilled nursing fa
- NR – From SNF to residence
- NU – New DME
- NX – From SNF to hosp w/ stop
- P1 – Anesthesia – phys stat
- P2 – Anesthesia – phys stat

- P3 – Anesthesia – phys stat
- P4 – Anesthesia – phys stat
- P5 – Anesthesia – phys stat
- P6 – Declared brain-dead patie
- PE – From MD office to residence
- PH – From MD office to hospital
- PL – Progressive add'l lenses
- PN – From MD office to SNF
- PP – From one MD office to another
- PR – From MD office to residence
- PX – From MD office to hosp
- Q2 – Claim to central office
- Q3 – Live kidney donor; service
- Q4 – MD relationship w/ lab
- Q5 – Substitute MD arrangement
- Q6 – Locum tenens physician
- Q7 – One class A finding
- Q8 – Two class B findings
- Q9 – 1 class B and 2 class C
- QA – DME – No response to purch
- QA – FDA investigational
- QB – Physician providing services in a rural HMSA
- QC – 1 channel cardiac monitor
- QD – Ambulat cardiac monitor
- QE – Prescribed amount of oxygen in less than one liter per minute
- QF – Prescribed amount of oxygen is greater than four liters per minute and portable oxygen also prescribed
- QG – Prescribed amount of oxygen is greater than four liters per minute
- QH – Conserving device
- QI – Medical direction of own employees by anesthesiologist (three concurrent procedures)
- QJ – Medical direction of own employees by anesthesiologist (four concurrent procedures)
- QK – Medical direction of other than own employees by anesthesiologist (three concurrent procedures)
- QL – Patient pronounced dead a
- QL – Type of service F for ASC
- QM – Ambulance service provide
- QN – Ambulance service furnish
- QO – Medical direct by anesth
- QP – Bene elected purchase

- QQ – Medical direct by anesthesiologist
- QS – Monitored anesthesiology services
- QT – Ambulatory cardiac monitoring
- QU – Physician providing services in an urban HMO
- QV – Nurse practitioner
- QW – CLIA waived test
- QX – CRNA medically directed
- QY – Anesthesiologist medically directed
- QZ – CRNA not medically directed
- RC – Right coronary artery
- RD – From residence to DX site
- RE – From residence to facility
- RH – From residence to hospital
- RN – From residence to SNF
- RP – From residence to MD office
- RR – Rental of DME
- RT – Right side procedure
- RX – From residence to hospital
- SD – From accident to DX site
- SE – From accident to facility
- SF – Second opinion requires a professional review organization
- SG – ASC type of service
- SH – From accident to hospital
- SN – From accident to SNF
- SR – From accident to residence
- SX – From accident to hospital
- T1 – Left foot, second digit
- T2 – Left foot, third digit
- T3 – Left foot, fourth digit
- T4 – Left foot, fifth digit
- T5 – Right foot, great toe
- T6 – Right foot, second digit
- T7 – Right foot, third digit
- T8 – Right foot, fourth digit
- T9 – Right foot, fifth digit
- TA – Left foot, great toe
- TC – Technical component
- UE – Used DME w/o warranty
- VP – Aphasic patient
- W1 – Psychiatric expense
- W2 – Therapist – Medicaid
- W3 – Audiologist

- W4 – LOCM
- W5 –Positioning
- W6 – Utilization codes pricing
- W7 – Utilization codes
- W8 – Physical therapy expense
- W9 – Live kidney donor
- WA – Injection adminis req met
- WD – Add'l medical doco attach
- WI – Shared inpatient mgmt
- WM – Criteria for debridement
- WN – Not covered by Medicare
- WR – Foot care criteria met
- WS – Same tests – differ times
- WV – Influenza virus vaccine
- X1 – 1st digit of rt foot/hand
- X2 – 2nd digit of rt foot/hand
- X3 – 3rd digit of rt foot/hand
- X4 – 4th digit of rt foot/hand
- X5 – 5th digit of rt foot/hand
- X6 – Emergency – Anesthesia
- X8 – MRO service
- XA – IV-Pole for pen
- XG – Cataract surgery w/anest
- XO – Outpatient emergency svcs
- XP – For prescription change
- XQ – Lenses/frames lost/stolen
- XV – Extra views for radiology
- Y0 – Services in outpt observ
- Y1 – 1st digit of lt foot/hand
- Y2 – 2nd digit of lt foot/hand
- Y3 – 3rd digit of lt foot/hand
- Y4 – 4th digit of lt foot/hand
- Y5 – 5th digit of lt foot/hand
- Y7 – Clinic option service
- Y8 – Denial MOD/MRO services
- Y9 – Clinic Medicare/Medicaid
- YA – Audiology services
- YC – Specific policy crit met
- YD – ASC terminated procedure
- YF – ASC terminated procedure
- YH – ASC terminated procedure
- YK – Nurse practitioner, team

- YO – Services rendered in an o
- YR – Info submit for rebundled
- YS – Infor submit cosurgery
- YY – Svcs related 2nd opinion
- Z1 – 1st trimester
- Z2 – 2nd trimester
- Z3 – 3rd trimester
- Z4 – Blood sample, lead, epsdt
- Z5 – Blood sample, sickle cell
- Z6 – HCT/HGB for epsdt
- Z7 – Newborn screen, epsdt
- Z8 – EPSDT referable condition
- Z9 – Accelerated period sched
- ZN – Waiver of liability
- ZP – Non-purchase DX test
- ZR – DME – oxygen interim reas
- ZS – DME – oxygen interim fee
- ZU – Waiver of liability
- ZX – Med policy Met-docu avail
- ZY – Potential n/c item or ser

Format – Two character alphanumeric

Features – None

Error – 5069 – Modifier is invalid for this Procedure!

To Correct – Verify entry. Change either the procedure code or the Modifier N/A

Other Errors

Field Name: Save

Description – Option button chosen to save information entered into the Provider Restricted Services window.

Format – N/A

Features – Option button

Error – 5071 – Date AND Code Ranges overlap existing segment

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 5072 – About to ADD Restriction Data!

*To Correct – N/A – warning message. Click **Cancel** to interrupt save.*

Error – 5073 – About to UPDATE Restriction Data!

*To Correct – N/A – warning message. Click **Cancel** to interrupt save.*

Warning! – 91019 – Record already exists

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_RESTRICT_SVC_MAINT

Menu – M_PROVIDER_RESTRICT_SVC_MAINT

Data Windows – DW_PROVIDER_REST_SVCS

DW_PROVIDER_PROCEDURE

DW_PROVIDER_REVENUE

DW_PROVIDER_GENERIC_DRUG

System Features

Click **Refresh** to add another restricted segment.

Click **Delete** to delete a segment.

Section 2: Provider Program Eligibility Maintenance Window

Introduction

IFSSA and EDS use the Provider Program Eligibility Maintenance window to view or update provider program enrollment information. Only authorized users with update privileges can add new information or change existing data. The Provider Program Eligibility Maintenance window is accessed through the Provider Base window by clicking **MAINTAIN ELIGIBILITY**, or by clicking **Alt+b**.

<u>Program</u>	<u>Effective Date</u>	<u>End Date</u>	<u>End Reason</u>
Medicaid	19920121	2299/12/31	Active
Package C	2000/01/01	2299/12/31	Active
590 - Program	2001/01/01	2299/12/31	Active

Figure 2.1 – Provider Program Eligibility Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 2.2 – Provider Restricted Service Maintenance Window Menu Tree

This is the menu tree for the Provider Program Eligibility Maintenance window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Program Eligibility Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, add a provider record, save the window, or print the screen being viewed.

New – Opens the Provider Program Eligibility Maintenance window

Save – Saves entered information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Base window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to adjust the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses all the subsystems in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Field Information

Field Name: Program

Description – Name of the program(s) in which the provider is or has been enrolled. Valid values include the following:

- 590 – Program
- Medicaid
- Package C

Format – N/A

Features – Drop-down list box

Error – 5254 – Previous Medicaid segment must be closed!

To Correct – Verify entry. A provider must end date previous duplicate program before entering a new effective date.

Field Name: Effective Date

Description – Effective date of enrollment for the chosen program.

Format – CCYYMMDD

Features – None

Error – 91030 –Date segments may not overlap!

To Correct – Verify entry. If two segments are created for the same program, and the date segments overlap, the two segments should be combined.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. Date must be entered as CCYYMMDD. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required when a program is chosen.

Error – 5217 “Active” Status must have End Date of “22991231”!

To Correct – Verify entry. Previous duplicate program end date must be less than or equal to effective date and needs to have End Reason.

Field Name: End Date

Description – Date enrollment was terminated for the chosen program.

Format – CCYYMMDD

Features – None

Error – 91001 – Invalid date (MMDDCCYY)!

To Correct – Verify entry. Date must be entered as CCYYMMDD. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 5217 – “Active” Status must have End Date of “22991231”!

To Correct – Verify entry. End date must have the date “22991231”.

Error – 91030 – Date segments may not overlap!

To Correct – Verify entry. Previous segment needs to end before the start of a new segment.

Error – 91020 – End date must be \geq Effective date

To Correct – Verify entry. Ensure that the ending date is greater or equal to the effective date.

Field Name: End Reason

Description – Status of eligibility with valid values that include the following:

Table 2.1 – End Reason Values

Values	Values
Active	Deleted (MMIS)
Retired	Inactive (MMIS)
Deceased	Return Mail (MMIS)
Return Mail	New Individual (MMIS)
Term. By HCFA	Moved OOS (MMIS)
Term. By IFSSA	Deactivated (MMIS)
Term. By HPB	Suspended (MMIS)
Retired (MMIS)	Term. By not Re-enrolling
Enrolled (MMIS)	Terminated by Provider
Deceased (MMIS)	Recertification Date
Corporation (MMIS)	Duplicate Enrollment
Decertified (MMIS)	
Rend/Bill Conversion	
Term. By OI6	
Term. – Rendering Loc.	

Format – NA

Features – Drop-down list box. Valid values succeeded by (MMIS) can not be updated. These values are only valid through conversion from the MMIS system to IndianaAIM.

Error – 5217 – “Active” Status must have End Date of “22991231”!

Section 3: Provider Medical Education Cost Window

Introduction

IFSSA and EDS use the Provider Medical Education Cost window to view or update provider-specific medical education rate data. The Provider Medical Education Cost window accesses provider-specific medical education rate data used in drug related group pricing methodology. The Provider Medical Education Cost window can be accessed from the Providers Service Location window by clicking the Options, selecting the Provider Rates and **Education Cost**

The screenshot shows a window titled "Provider Medical Education Cost" with a menu bar (File, Edit, Applications). Below the menu bar, there are input fields for "Provider ID: 100268850" and "Name: WISHARD MEMORIAL HOSPITAL". A table displays medical education rates with columns for Effective Date, End Date, and Amount. The table has five rows of data. At the bottom of the window are three buttons: New, Save, and Exit.

Effective Date	End Date	Amount
1999/05/15	2299/12/31	\$165.18
1996/07/31	1999/05/14	\$121.99
1995/07/31	1996/07/30	\$118.09
1994/11/04	1995/07/30	\$110.50
1994/01/01	1994/01/01	\$110.50

Figure 3.1 – Provider Medical Education Cost Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 3.2 – Provider Medical Education Cost Menu Tree

This is the menu tree for the Provider Medical Education Cost window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Medical Education Cost window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command prints the existing window and exits the Provider Medical Education Cost window.

New – Updates provider-specific medical education add-on rate data

Save – Saves entered information

Print – Prints a data window, current window, or the entire screen. To print only the data listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen that includes all of the data displayed on the screen, select the screen option.

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to adjust the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

Managed Care – Accesses the Managed Care windows

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Effective Date

Description – The date the provider-specific medical education cost add-on amount becomes effective

Format – CCYYMMDD

Features – None

Error – 8033 – Effective date is required!

To Correct – Verify entry. Entry is required!

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date

To Correct – Verify entry. The end date must be after the effective date

Field Name: End Date

Description – The date the provider-specific medical education cost add-on amount is no longer effective

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date

To Correct – Verify entry. The end date must be after the effective date

Field Name: Amount

Description – The cost incurred by a specific hospital for training physicians, nurses, and other health care professionals

Format – Six character numeric

Features – None

Error – 8083 – Education Cost cannot exceed 9,999.99!

To Correct – Verify entry. The capital cost cannot exceed 9, 999.99.

Error – 91007 – Education Cost Data must be numeric!

To Correct – Verify entry. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PR_MED_EDU_COST

Data Windows – DW_PR_MEDICAL_EDUC_COST

Menu – M_BASE_LIST_UPDATE

Special Features

None

Section 4: Provider Specific Capital Cost Window

Introduction

IFSSA and EDS use the Provider Specific Capital Cost window to view or update provider specific capital cost rate data. The Provider Capital Cost window provides access to provider-specific capital cost rate data used in DRG pricing methodology. The Provider Capital Cost window is accessed from the Provider Service Location window by clicking **Options** on the menu bar and clicking **Provider Rates** and then clicking on **Capital Cost**.

The screenshot shows a window titled "Provider Capital Cost" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar, there are two input fields: "Provider ID:" followed by a text box containing "100268850" and a dropdown menu set to "A", and "Name:" followed by a text box containing "WISHARD MEMORIAL HOSPITAL". Below these fields is a table with three columns: "Effective Date", "End Date", and "Amount". The table has one row of data with the following values: "19940101", "1994/01/01", and "\$5.00". At the bottom of the window are three buttons: "New", "Save", and "Exit".

Effective Date	End Date	Amount
19940101	1994/01/01	\$5.00

Figure 4.1 – Provider Capital Cost

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 4.2 – Provider Capital Cost Menu Tree

This is the menu tree for the Provider Capital Cost window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Capital Cost window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command prints the existing window and exits the Provider Capital Cost window.

New – Updates provider-specific cost to charge rate data

Save – Saves provider-specific cost to charge rate data

Print – Prints a data window, current window, or the entire screen. To print only the data on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen that includes all of the data displayed on the screen, select the screen option.

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to adjust the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

Managed Care – Accesses the Managed Care windows

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the Prior Authorization main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu.

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability main menu.

Field Information

Field Name: Effective Date

Description – The date the provider-specific capital cost becomes effective.

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be >= Effective Date

To Correct – Verify entry. The end date must be after the effective date

Field Name: End Date

Description – The date the provider-specific capital cost amount is no longer effective.

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date

To Correct – Verify entry. The end date must be after the effective date.

Field Name: Amount

Description – Additional payment adjustment for new construction or equipment

Format – Six character numeric

Features – None

Error – 8083 –Capital Cost cannot exceed 9,999.99!

To Correct – Verify entry. The Provider specific capital cost cannot exceed 9, 999.99.

Error – 91007 – Capital Cost Data must be numeric!

To Correct – Verify entry. Alphanumeric characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PR_CAPT_COST

Data Windows – DW_PR_CAPT_COST

Menu – M_BASE_LIST_UPDATE

Special Features

None

Section 5: Provider Cost To Charge Ratio Window

Introduction

The Provider Cost To Charge Ratio window is used by IFSSA and EDS to view or update provider-specific cost to charge rate data. The Provider Cost To Charge Ratio window provides access to provider-specific cost to charge rate data that is used in DRG pricing methodology. The Provider Cost To Charge Ratio window can be accessed from the Provider Service Location window by clicking **Options** on the menu bar and clicking **Provider Rates** and then **Cost To Charge**.

Effective Date	End Date	Ratio
1999/05/15	2299/12/31	0.7044
1994/11/04	1999/05/14	0.7913
1994/01/01	1994/01/01	0.7044
1993/01/01	1993/01/01	0.7878

Figure 5.1 – Provider Cost to Charge Ratio Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 5.2 – Provider Cost to Charge Ratio Menu Tree

This is the menu tree for the Provider Cost To Charge window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Cost To Charge window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command prints the existing window and exit the Provider Cost To Charge Ratio window.

New – Opens a blank data line in the Provider Cost to Charge Ratio window

Save – Saves entered information

Print – Prints a data window, current window, or the entire screen. To print only the data listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen, which includes all of the data displayed on the screen, select the screen option.

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to adjust the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the provider-specific cost to charge ratio becomes effective

Format – CCYYMMDD

Features – None

Error – 8033 – Effective date is required!

To Correct – Verify entry. Entry is required!

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date.

To Correct – Verify entry. The end date must be after the effective date.

Field Name: End Date

Description – Date the provider-specific cost to charge ratio is no longer effective

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be >= Effective Date.

To Correct – Verify entry. The end date must be after the effective date.

Field Name: Ratio

Description – Percentage that each hospital has charged over a base period of time, which is provider specific

Format – Six character numeric

Features – The user must enter percentage with appropriate decimal (for example, 99 percent is entered as .99).

Error – 8185 – Cost To Charge Ratio cannot exceed 99.9999!

To Correct – Verify entry. The percentage cannot exceed 999%.

Error – 91007 – Cost To Charge Ratio Data must be numeric!

To Correct – Verify entry. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PR_COST_CHARGES

Data Windows – DW_PR_CST_CHG_RATIO

Menu – M_BASE_LIST_UPDATE

Special Features

None

Section 6: Provider Marginal Cost Factor Window

Introduction

IFSSA and EDS use the Provider Specific Marginal Cost Factor window to view or update provider specific capital cost rate data. The Provider Marginal Cost Factor window provides access to provider-specific marginal cost rate data used in DRG pricing methodology. The Provider Marginal Cost Factor window can be accessed from the Provider Service Location window, by clicking **Options** on the menu bar, clicking on **Provider Rates** and then clicking on **Marginal Cost Factor**

Effective Date	End Date	Cost Factor
20010101	2001/01/01	1.00

Figure 6.1 – Provider Marginal Cost Factor Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 6.2 – Provider Marginal Cost Factor Menu Tree

This is the menu tree for the Provider Marginal Cost Factor window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Marginal Cost window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command prints the existing window and exits the Provider Marginal Cost Factor window.

New – Opens a blank data line in the Provider Marginal Cost Factor

Save – Saves entered information

Print – Prints a data window, current window, or the entire screen. To print only the data that is listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen, which includes all of the data displayed on the screen, select the screen option

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the provider-specific marginal cost factor becomes effective

Format – CCYYMMDD

Features – None

Error – 8033 – Effective date is required!

To Correct – Verify entry. Entry is required!

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date.

To Correct – Verify entry. The end date must be after the effective date.

Field Name: End Date

Description – Date the provider-specific marginal cost factor is no longer effective

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date range must not overlap an existing segment.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Error – 91020 – End Date must be \geq Effective Date.

To Correct – Verify entry. The end date must be after the effective date.

Field Name: Cost Factor

Description – The marginal cost of care beyond the outlier threshold

Format – Five character numeric

Features – None

Error – 8185 – Cost To Charge Ratio cannot exceed 99.9999!

To Correct – Verify entry. Provider specific marginal cost factor cannot be greater than 999.99.

Error – 91007 – Marginal Cost Factor Data must be numeric!

To Correct – Verify entry. Alphabetic characters are not valid in the amount field.

Error – 91067 – Marginal Cost Factor Must be greater than zero!

System Information

PBL – REF07.PBL

Window – W_REF_PR_MARG_COST_FACT

Data Windows – DW_PR_MARG_COST_FACT

Menu – M_BASE_LIST_UPDATE

Special Features

None

Section 7: Provider DRG Rate Window

Introduction

IFSSA and EDS use the Provider DRG Rate window to view or update provider-specific DRG rate data. The Provider DRG Rate window accesses provider specific DRG rate data used in DRG pricing methodology. The Provider DRG Rate window is accessed from the Provider Service Location window, by clicking **Options** on the menu bar, Provider Rates, and then clicking **DRG Rate**.

The screenshot shows a window titled "Provider DRG Rate" with a menu bar (File, Edit, Applications, Options). Below the menu bar, there are input fields for "Provider ID: 100275780" and "Name: CHILDRENS MEMORIAL HOSP". To the right of these fields is a "DRG:" input field with the value "0" and a "Search" button. Below these fields is a table with four columns: "DRG Code", "Effective Date", "End Date", and "Base Rate". The table contains nine rows of data, all with a "Base Rate" of 3554.16. At the bottom of the window are three buttons: "New", "Select", and "Exit".

DRG Code	Effective Date	End Date	Base Rate
0001	1999/05/15	2299/12/31	3554.16
0002	1999/05/15	2299/12/31	3554.16
0004	1999/05/15	2299/12/31	3554.16
0005	1999/05/15	2299/12/31	3554.16
0006	1999/05/15	2299/12/31	3554.16
0007	1999/05/15	2299/12/31	3554.16
0008	1999/05/15	2299/12/31	3554.16
0009	1999/05/15	2299/12/31	3554.16

Figure 7.1 – Provider DRG Rate Window

File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Exit IndianaAIM	Cut	Financial
		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 7.2 – Provider DRG Rate Menu Tree

This is the menu tree for the Provider DRG Rate window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider DRG Rate window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the main menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

Managed Care – Accesses the Managed Care windows

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SUR information

Third Party Liability – Click on Third Party Liability to access the TPL main menu

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: DRG

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrate similar resource consumption and length-of-stay patterns. This DRG code is used as search criteria.

Format – Four character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrates similar resource consumption and length-of-stay patterns

Format – Four character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Effective Date

Description – Effective date of the provider specific DRG rate with its corresponding date segments

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: End Date

Description – Date a DRG provider-specific rate is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: Base Rate

Description – Hospital-specific pricing factor assigned to each hospital

Format – Seven character numeric

Features – None

Error – None

To Correct – NA

System Information

PBL – REF07.PBL

Window – W_REF_PR_DRG_RATE

Data Windows – DW_PR_DRG_RATE

DW_PR_HEADER

DW_PR_DRG_SEARCH

Menu – M_BASE_LIST_SEARCH

Special Features

List can be searched by DRG.

Double-click on detail or highlight and click **Select** to maintain a detail.

Section 8: Provider DRG Rate Maintenance Window

Introduction

IFSSA and EDS use the Provider DRG Rate Maintenance window to update provider-specific rates. The Provider DRG Rate Maintenance window is accessed from the Provider DRG Rate window by clicking **New**.

The screenshot shows a window titled "Provider DRG Rate Maintenance" with a menu bar containing "File", "Edit", and "Applications". Inside the window, there are four labeled input fields: "DRG Code:" with the value "306", "Effective Date:" with the value "1993/01/01", "End Date:" with the value "1994/10/01", and "Base Rate:" with the value "1700". Below these fields are three buttons: "Save", "Delete", and "Exit".

Figure 8.1 – Provider DRG Rate Maintenance Window

File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Exit IndianaAIM	Cut	Financial
		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 8.2 – Provider DRG Rate Maintenance Menu Bar

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the Provider DRG Rate Maintenance window.

Print – Prints a data window, current window, or the entire screen. To print only the data that is listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen, which includes all of the data displayed on the screen, select the screen option

Exit – Returns to the main menu

Exit IndianaAIM – Exits IndianaAIM.

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Allows the user to access the Adhoc Reporting menu

Claims – Allows the user to access the Claims main menu

Financial – Allows the user to access the Financial main menu

MARS – Allows the user to access the MARS menu

Managed Care – Allows the user to access the Managed Care windows.

Prior Authorization – Allows the user to access the PA main menu

Provider – Allows the user to access the Provider main menu

Recipient – Allows the user to access the Recipient Search window

Reference – Allows the user to access the Reference main menu

Security – Allows the user to access the Security main menu

SURS – Allows the user to access the SURS windows.

Third Party Liability – Allows the user to access the TPL main menu

Field Information

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrates similar resource consumption and length-of-stay patterns

Format–Seven character numeric

Features – None

Data Window Error – Item ‘*the number you typed*’ does not pass validation test.

To Correct – Verify Entry. All characters need to be numeric

Filed Name: Effective Date

Description – Effective date of the provider-specific DRG base rate with its corresponding date segments

Format – CCYYMMDD

Features – None

Error – 8012 – End date must be on or after effective date.

To Correct – Verify entry. The effective date must be sequentially before the end date.

Error – 8141 – DRG is already active for entered dates!

To Correct – Verify entry. The DRG is active for the same date entered.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Field Name: End Date

Description – The date a provider-specific DRG base rate is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Error – 8012 – End date must be on or after effective date.

To Correct – Verify entry. The effective date must be sequentially before the end date

Error – 8141 – DRG is already active for entered dates!

To Correct – Verify entry. The DRG is active for the same date entered.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be in CCYYMMDD format.

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric characters only (0-9).

Error – 91003 – Date is required!

To Correct – Verify entry. Entry is required.

Field Name: Base Rate

Description – Hospital-specific pricing factor that is assigned to each hospital

Format – Seven character numeric

Features – None

Error – 8079 – Cannot exceed 99,999.99!

To Correct – Verify entry. The base rate cannot be greater than 99,999.99.

Error – 8132 – may not be negative!

To Correct – Verify entry. The base rate cannot be a negative amount.

Error – 91007 – Data must be numeric

To Correct – Verify entry. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PR_DRG_RATE_MAINT

Data Windows – DW_PR_DRG_RATE_MAINT

Menu – M_BASE_MAINT_SIMPLE

Special Features

None

Section 9: Provider Service Location Window

Introduction

IFSSA and EDS use the Provider Service Location window to view or update provider information pertaining to a specific service location and to access other screens with service location-specific information. Only authorized users with update privileges can add new information or change existing data. The Provider Service Location window is accessed through the Provider Base window by clicking **Service Location** or **Add Service Location**, or by clicking **Alt+L** or **Alt+V** respectively. **Service Location** allows the user to view or update existing service location information, and **Add Service Location** allows the user to add new service locations.

Provider Service Location
File Edit Applications Options

Provider ID: 100275780 Loc: A Name: CHILDRENS MEMORIAL HOSP

County: MA Org Code: Corporation Auto RA Date: 0000/00/00
Locality: Rural Peer Group: Metropolitan End Paper RA: 0000/00/00
Billing Service: ECC Cert. Date: 2299/12/31
Active Mng Care Svc Loc: ☐ Open Lien: ☐ No Mass Mail: ☐ Suppress Check: 0000/00/00

Service Location Eligibility

Program	Effective Date	End Date	End Reason
Medicaid	1970/01/01	2000/02/15	Recertification D
Package C	2000/01/01	2000/02/15	Recertification D

Provider Type

1 of 1	Type	License Num	Primary Specialty
	01		010

Type Specialty Maintenance

Provider Tax IDs

Tax ID	Eff Date	End Date
362170833	1990/01/01	2299/12/31

Provider Specialties

Specialty	Subsplty	Eff Date	End Date
010		1990/01/01	2299/12/31

Name Address Svc Loc Elig Tax ID Maint EFT Account Save Exit
CLIA Edit Exempt DEA Medicare Bill

Figure 9.1 – Provider Service Location Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Name Address
Print	Paste	Claims	Tax ID Maintenance
Exit	Cut	Financial	CLIA
Audit		Managed Care	DEA
Exit IndianaAIM		MARS	EFT Account
		Prior Authorization	ECC Maint
		Provider	PMP Serv Loc
		Recipient	Type Specialty Maint
		Reference	Dispensing Fee
		Security	Previous Nbrs
		SURS	Group Members
		Third Party Liability	UCC Rates
			Edit Exempt
			Medicare/Billing
			Svc Loc Elig
			Provider Rates

Figure 9.2 – Provider Service Location Menu Tree

This is the menu tree for the Provider Service Location window. All menus are in single-line boxes. The menu titles on this figure reflect the overall menu commands and window options on the Provider Service Location window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.

2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to exit the window, save the window, or print the screen being viewed.

Save – Saves entered information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Base window

Audit – Accesses the online audit windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses the Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Name Address – Accesses the Name Address window

Tax ID Maintenance – Accesses the Tax ID Maintenance window

CLIA – Accesses the CLIA Maintenance window

DEA – Accesses the DEA Maintenance window

EFT Account – Accesses the EFT Account window

ECC Maint – Accesses the ECC Maintenance window

PMP Serv Loc – Accesses the PMP service locations window

Type Specialty Maint – Accesses the Type Specialty Maintenance window

Dispensing Fee – Accesses the Reference Dispensing Fee window

Group Members – Accesses the Group Member Maintenance window

UCC Rates – Accesses the UCC Rate Maintenance window

Edit Exempt – Accesses the Provider Edit Exemptions

Medicare/Billing – Accesses the Medicare/Billing window

Svc Loc Elig – Accesses the Provider Service Location Eligibility Maintenance window

Provider Rates – Accesses the different provider rates options

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: County

Description – Provider's county

Format – Eleven character numeric

Features – Drop-down list box. Valid values are included in the following table:

Table 9.1 – Drop-down List Box of Counties

County	County	County
Adams	Henry	Posey
Allen	Howard	Pulaski
Bartholomew	Huntington	Putnam
Benton	Jackson	Randolph
Blackford	Jasper	Ripley
Boone	Jay	Rush
Brown	Jefferson	St. Joseph
Carroll	Jennings	Scott
Cass	Johnson	Shelby
Clark	Knox	Spencer
Clay	Kosciusko	Starke
Clinton	LaGrange	Steuben
Crawford	Lake	Sullivan
Davies	LaPorte	Switzerland
Dearborn	Lawrence	Tippecanoe
Decatur	Madison	Tipton
DeKalb	Marion	Union
Delaware	Marshall	Vanderburgh
DuBois	Martin	Vermilion
Elkhart	Miami	Vigo
Fayette	Monroe	Wabash
Floyd	Montgomery	Warren
Fountain	Morgan	Warrick
Franklin	Newton	Washington
Fulton	Noble	Wayne
Gibson	Ohio	Wells
Grant	Orange	White
Green	Owen	Whitley
Hamilton	Parke	IFFSA
Hancock	Perry	Out of State
Harrison	Pike	
Hendricks	Porter	

Error – 5062 – County is required!

To Correct – County must be chosen from drop-down list box upon enrollment

Error – 10042 – County can not be changed to non-PCCM county with active PMP service locations.

To Correct – Notify supervisor

Field Name: Locality

Description – Provider's geographic region according to county location

Format – 12 character numeric

Features – Protected value is automatically plugged when the user enters or changes county

Error – None

To Correct – N/A

Field Name: Billing Service

Description – Name of the billing service used by the provider (if applicable)

Format – 40 character alphanumeric

Features – Double-click the attribute to show all Billing Services listed on the Billing Service List window. The user may select a billing service by highlighting the choice or by typing the name of the billing service into the field.

Error – 91011 – Record not found – please try again!

To Correct – Verify entry. User must choose from the list of valid values or type a selection from the list of valid values

Field Name: Active Mng Care Svc Loc

Description – Indicates if the displayed service location is an active Managed Care service location.

Format – N/A

Features – Display only

Edit – None

To Correct – N/A

Field Name: Open Lien

Description – Indicates if a provider has an open lien in the financial windows

Format – Checkbox

Features – Display only. Populated from the financial windows

Error – None

To Correct – N/A

Field Name: No Mass Mail

Description – Indicates a check if the provider has asked not to be included in mass mailings

Format – One character

Features – None

Error – None

To Correct – N/A

Field Name: Auto RA Date

Description – The end date of a provider's electronic RA's

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: End Paper RA

Description – The end date of a provider's paper RA's

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: ECC Cert. Date

Description – The end date of a provider's ECC certification

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: Suppress Check

Description – The end date of a provider's suppress check

Format – CCYYMMDD

Features – None

Error – None

To Correct – N/A

Field Name: Org Code

Description – Provider's organization identification code (type of practice)

Format – 19 character alphanumeric

Features – Drop-down list box. Valid values include the following:

- Corporation (For profit)
- Estate/Trust
- Government-owned
- Not-for-Profit
- Partnership
- Public Service Corporation
- Sole Proprietor

Error – 5013 – Organization code is required!

To Correct – Organizational code must be chosen from the drop-down list box on enrollment

Field Name: Peer Group

Description – Provider's peer group according to geographic location or type of facility

Format – Two character alphanumeric

Features – Drop-down list box. Valid values include the following:

- Metropolitan
- Rural
- Teaching
- Urban

Error – 5120 – Peer group is required for this Provider Type!

To Correct – Verify entry. Peer group must be chosen from drop-down list box upon enrollment of provider type 01 (Hospital).

Error – 5150 – Peer group will be spaces for this Provider Type!

To Correct – Verify entry. A peer group should not be entered if the provider type is not 01 (Hospital).

Error – 5153 – Please add Type/Specialty before Peer Group!

To Correct – Verify entry. A provider type and specialty must be entered before a peer group.

Service Location Eligibility

Field Name: Program

Description – Program (type of eligibility)

Format – Nine alphabetic characters

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Effective Date

Description – Effective date of provider's eligibility

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Date

Description – End date of provider's eligibility

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Reason

Description – Eligibility status

Format – 21 characters

Features – Protected, display only

Error – None

To Correct – N/A

Provider Tax IDs

Field Name: Tax ID

Description – Provider's Tax ID, SSN, or exempt number

Format – Nine character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Eff Date

Description – Effective date of provider's tax ID

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Date

Description – End date of provider's tax ID

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Provider Type

Field Name: Type

Description – Provider's type (type of licensure or certification)

Format – Two character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: License Num

Description – Provider's license number

Format – 10 character alphanumeric

Features – Protected, display only.

Error – None

To Correct – N/A

Field Name: Primary Specialty

Description – Provider's primary scope of practice (if more than one)

Format – Three character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Provider Specialties

Field Name: Specialty

Description – Provider's scope of practice

Format – Three character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Subsply

Description – Provider's subspecialty if appropriate

Format – Three character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Eff Date

Description – Effective date of provider's specialty

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Date

Description – End date of provider's specialty

Format – CCYYMMDD

Features – Protected, display only

Error – None

To Correct – N/A

Other Error

Field Name: Save

Description – Option button chosen to save entered information

Format – N/A

Features – Option button

Error – 5059 – Provider Name/Address is required!

To Correct – Verify entry. The provider's name and address must be entered before the Service Location window can be saved.

Error – 5061 – Provider Type is required!

To Correct – Verify entry. The provider's type and specialty information must be entered before the Service Location window can be saved.

Edit – 5062, County is required!

To Correct – Verify entry. The county information must be entered before the Service Location window can be saved.

Edit – 5120, Peer Group is required for this Provider Type!

To Correct – Verify entry. The provider's peer group information must be entered before the Service Location window can be saved.

Information – Please contact financial analyst to enter tax ID

To Correct – Send tax information to financial analyst to enter the tax ID

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_SERV_LOC

Menu – M_PROVIDER_SERV_LOC

Data Windows – DW_PROVIDER_BASE_SERVICE_LOC

DW_PROVIDER_BASE_TYPE

DW_PROVIDER_BASE_SPEC

DW_PROVIDER_BASE_PREVIOUS

DW_PROVIDER_BASE_TAX_ID

System Features

When adding a provider, the **Save** button on the service location screen verifies that a name and address, tax ID, and type segment exist. If they do not exist, Error messages 5059, 5061 or 5062 are issued.

The Name/Address, Svc Loc Elig, Tax ID Maint, EFT Account, CLIA, Edit Exempt, DEA, and Medicare Bill buttons are either black or blue to indicate whether segments of the corresponding type exist.

Section 10: UCC Maintenance Window

Introduction

The UCC Maintenance window is used to change a rate for a provider on the Usual and Customary Charge (UCC) table. Only authorized users with update privileges can add new information or change existing data. The UCC Maintenance window is accessed through the Provider Service Location window by clicking **Options** on the menu bar and then clicking **UCC Rates**.

The screenshot shows the 'UCC Maintenance' window. At the top is a purple title bar with the text 'UCC Maintenance'. Below it is a menu bar with 'File', 'Edit', and 'Applications'. The main area contains three input fields: 'Provider ID:' with the value '100156000', 'Loc:' with the value 'A', and 'Name:' with the value 'CVS PHARMACY #6481'. Below these fields is a table with the following headers: 'Procedure', 'Modifier', 'Effective Date', 'End Date', 'UCC Rate', and 'Status'. The table body is empty. At the bottom of the window are three buttons: 'New', 'Save', and 'Exit'.

Figure 10.1 – UCC Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 10.2 – UCC Maintenance Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the UCC Maintenance window.

New – Allows the user to create a new UCC rate segment

Save – Saves the information added

Print – Opens the print menu

Exit – Returns to the Reference Provider Search window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Procedure

Description – The procedure code for the usual and customary charge

Format – Five alphanumeric characters

Features – None

Error – 91052 – Procedure Code is invalid!

To Correct – Verify entry. Enter a valid procedure code.

Error – 91059 – Procedure Code must be 5 characters!

To Correct – Verify entry. Procedure code must have five characters.

Field Name: Modifier

Description – Procedure code modifier (if applicable)

Format – Two character alphanumeric

Features – None

Error – 91031 – Modifier must be alphanumeric!

To Correct – Verify entry. Modifier must be alphanumeric characters (A-Z) and (1-9).

Error – 91052 – Modifier is invalid for procedure code!

To Correct – Verify entry. The modifier typed must be a valid modifier.

Field Name: Effective Date

Description – The IHCP usual and customary charge effective date is the beginning effective date for the appropriate charge.

Format – CCYYMMDD

Features – Protected, display only

Error – 91001 – Invalid date (CCYYMMDD)

To Correct – Verify entry. Date must be CCYYMMDD

Error – 91020 – End Date must be >= Effective Date

To Correct – Verify entry. The effective date must be before the end date.

Error– 91030 – Date segments may not overlap! (for same Procedure/Modifier)

To Correct – Verify entry. The effective date range must not overlap the existing segment.

Field Name: End Date

Description – IHCP usual and customary charge end date field

Format – CCYYMMDD

Features – None

Error – 91002 – Date must be numeric!

To Correct – Enter a numeric date.

Error – 91001 – Invalid date (CCYYMMDD)

To Correct – Verify entry. Date must be in CCYYMMDD format

Error–91020 – End Date must be >= Effective Date

To Correct – Verify entry. End date must be greater or equal to effective date.

Field Name: UCC Rate

Description – The IHCP usual and customary charge attribute is the charge for the appropriate provider and procedure.

Format – Nine numeric characters. Fifteen occurrences every three years

Features – None

Error–91077– UCC Rate must be less than or equal to \$9, 999.99!

To Correct – Verify entry. Rate cannot exceed 9, 999.99.

System Information

PBL – REF01.PBL

Window – W_REF_UCC_UPDT

Menu – M_REF_UCC_UPDT

Warning: Complete Mass Adjust Form for each new or changed record ! Include : Prov ID, Loc, Claim Type, Eff Date, Procedure, & Modifier.

System Features

If an end date is not entered by the user, and if the effective date does not precede an existing date range for the same procedure code, then the system will automatically enter 2299/12/31 as the end date.

Section 11: Provider Dispensing Fee Adjustment Window

Introduction

IFSSA and EDS use the Dispensing Fee Adjustment window to update dispensing fees. The Dispensing Fee Adjustment window is accessed through the Provider Service Location window by clicking **Options** then **Dispensing Fee** on the menu bar.

Specialty	Description	Effective Date	End Date	Amount
-----------	-------------	----------------	----------	--------

Figure 11.1 – Provider Dispensing Fee Adjustment Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 11.2 – Provider Dispensing Fee Adjustment Window Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the Provider Dispensing Fee Adjustment window.

New – Opens a blank data line in the Provider Dispensing Fee Adjustment window

Save – Saves entered information

Print – Prints a data window, current window, or the entire screen. To print only the data that is listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen, which includes all of the data displayed on the screen, select the screen option

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character numeric

Features – None

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location

Format – One character numeric

Features – None

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – None

Error – None

To Correct – N/A

Field Name: Specialty

Description – Provider's scope of practice

Format – Three character alphanumeric. Valid value is 240 – Pharmacy

Features – None

Error – 8116 – Provider Specialty not a valid Dispensing Fee Specialty!

To Correct – Verify entry. The specialty selected is not a valid specialty for this provider. Check provider type and specialty on the Provider Service Location window for a valid type and specialty.

Error – 91037 – Specialty field is required!

To Correct – Verify entry. The specialty selected should be valid for this provider. Check provider type and specialty on the Provider Service Location window for a valid type and specialty.

Field Name: Effective Date

Description – Date the dispensing fee becomes effective for this specialty

Format – CCYYMMDD

Features – None

Error – 8033 – Effective date is required!

To Correct – Verify entry. Entry is required.

Error – 8012 – End date must be on or after effective date.

To Correct – Verify entry. The effective date must be sequentially before the end date.

Error – 8118 – Adjustment already active for entered dates!

To Correct – Verify entry. The system indicates a dispensing adjustment already active for the dates you have entered.

Field Name: End Date

Description – Date a dispensing fee is no longer valid for the specialty

Format – CCYYMMDD

Features – None

Error – 8012 – End date must be on or after effective date.

To Correct – Verify entry. The effective date must be sequentially before the end date.

Error – 8114 – Dispensing Fee already active for entered dates

To Correct – Verify entry. Check dispensing fee list. The system indicates a dispensing fee already active for the dates you have entered.

Field Name: Amount

Description – The adjustment percentage applied to a pharmacy dispensing fee

Format – Five numeric characters.

Features – None

PowerBuilder Application Execution Error (R1008) – Application terminated.

Error – Invalid Data Window row/column specified.

To Correct – There is no correction available. IndianaAIM will close with an error.

Error – 91007 – Data must be numeric!

To Correct – Verify entry. Entry must be numeric.

Error – 91037 – Amount field is required!

To Correct – Verify entry. The dollar amount is required field.

System Information

PBL – REF03.PBL

Window – W_REF_DISPENSING_FEE_PROV

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PROVIDER_HEADER

DW_DISPENSING_FEE_PROV

System Features

Click **New** to add new information to the Provider Dispensing Fee Adjustment table.

Click **Save** to save information entered.

List is scrollable.

The user must enter the decimal point when entering dollar amount.

Section 12: Group Member Maintenance Window

Introduction

IFSSA and EDS use the Group Member Maintenance window to view or update provider enrollment within a group. Only authorized users with update privileges can add new information or change existing data. If the organization code indicates that the provider number belongs to a group, member information is required, and the **Group Members** option on the Provider Service Location menu bar is highlighted. This window is accessed by clicking **Options** and then clicking on **Group Members**.

Member Number	Effective	End Date	PMP Member	Provider Type	License	Primary Specialty	Provider Name
---------------	-----------	----------	------------	---------------	---------	-------------------	---------------

Figure 12.1 – Group Member Maintenance Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	CLIA
Save	Paste	Claims	DEA
Print	Cut	Financial	Previous Nbrs
Exit		Managed Care	Specialty
Audit		MARS	Update Name
Exit IndianaAIM		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 12.2 – Group Member Maintenance Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the Group Member Maintenance window.

New – Opens a blank data line in the Group Member Maintenance window

Save – Saves entered information

Print – Prints a data window, current window, or the entire screen. To print only the data that is listed on the window, select the data window option. To print only the window (data included) on the screen, select the window option. To print the screen, which includes all of the data displayed on the screen, select the screen option

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Menu Selection: Options

This menu command allows the user to access other windows.

CLIA – Accesses the member's CLIA information

DEA – Accesses the member's DEA information

Previous Nbrs – Accesses the member's previous provider number information

Specialty – Accesses the member's specialty information

Update Name – Allows the user to update the member's name if it differs at the group's service location

Field Information

Field Name: Provider ID

Description – Provider number

Format – Nine character numeric

Features – Protected

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider number location suffix

Format – One alphabetic character

Features – Protected

Error – None

To Correct – N/A

Field Name: Name

Description – Provider name

Format – 39 alphabetic character

Features – Protected

Error – None

To Correct – N/A

Field Name: Member Number

Description – Individual provider ID number

Format – Nine character numeric

Features – None

Error – 5115 – Provider Number does not exist!

To Correct – Verify entry. Provider number must be on provider table.

Error – 5093 – Provider ID must be 9 digits!

To Correct – Verify entry. Provider ID must be nine characters in length.

Error – 5256 – Provider Type/Spec not valid for Group Type/Spec!

To Correct – Verify entry. Provider Type and Specialty must match will group Type and Specialty.

Field Name: Effective

Description – Individual membership effective date

Format – CCYYMMDD

Features – None

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 91020 – End Date must be \geq Effective Date.

To Correct – Verify entry. The effective date must be sequentially before the end date.

Error – 91003 – Date is required!

To Correct – Verify entry. The effective date must be entered before trying to save the status.

Error – 91030 – Date segments may not overlap!

To Correct – Verify entry. The effective date of the current segment may not overlap the end date of the previous segment.

Field Name: End Date

Description – End date of individual group membership

Format – CCYYMMDD

Features – Defaults to 22991231 (open ended) when adding new row

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 91020 – End Date must be >= effective date

To Correct – Verify entry. The end date must be sequentially after the effective date

Error – 5123 – Provider not enrolled for this date range!

To Correct – Verify entry. An effective date cannot be entered if the provider is not enrolled on that date.

Error – 91030 – Date segments may not overlap!

To Correct – Verify entry. The end date of the current segment may not overlap the Effective date of the same segment.

Field Name: PMP Member

Description – Indicator to display if the member is a PMP provider

Format – N/A

Features – Checkbox

Error – 5196 – PMP group data missing!

To Correct – Verify entry. If the box is checked, PMP group data must be entered.

Error – 5197 – Group provider not enrolled as a PMP group!

To Correct – Verify entry. The group provider number typed is not enrolled as a PMP group.

Error – 5198 – Member provider not enrolled as a PMP!

To Correct – Verify entry. The individual provider is not enrolled as a PMP.

Field Name: Provider Type

Description – The group member's provider type

Format – Two character numeric

Features – Populated from the group member's information

Error – None

To Correct – N/A

Field Name: License

Description – The group member's license number

Format – Five to 10 character numeric

Features – Populated from the group member's information

Error – None

To Correct – N/A

Field Name: Primary Specialty

Description – The group member's primary specialty

Format – Three character numeric

Features – Populated from the group member's information

Error – None

To Correct – N/A

Field Name: Provider Name

Description – Group member's name

Format – 39 character alphanumeric

Features – None

Error – 5233 – Use Options menu to Select/Update Member Name!

To Correct – Click the Option menu and click update name. Then select the name that best fits the provider you are adding.

System Information

PBL – PROV01.PBL

Window – W_PROVIDER_MEMBER

Menu – M_PROVIDER_MEMBER

Data Windows – DW_PROVIDER_MEMBER

System Features

The Provider Group Member Maintenance window is accessed from the Provider Service Location window by choosing the Group Member option from the menu bar.

Section 13: Provider Address Window

IFSSA and EDS use the Provider Address window to view or select provider names and addresses when adding or changing provider information. When building a new service location or address record, the user can choose existing names and addresses to propagate the new record instead of retyping the information. Only authorized users with update privileges can add new information or change existing data. The Provider Address window is accessed through the Provider Service Location window by clicking **Name Address**, or by typing **Alt+M**.

The screenshot shows a window titled "Provider Address" with a menu bar (File, Edit, Applications, Options). Below the menu bar are input fields for "Provider ID: 100156000", "Loc: A", and "Name: CVS PHARMACY #6481". The main area displays a list of four provider records, each with fields for Name, Address, Title, Usage, Phone, and Ext. The records are as follows:

Name	Address	City	State	Zip	Phone	Ext	Usage
CVS PHARMACY #6481	ONE CVS DRIVE	WOONSOCKET	RI	02895-	(401) 765-1500	0	Home Office
CVS PHARMACY #6481	ONE CVS DRIVE	WOONSOCKET	RI	02895-	(401) 765-1500	0	Mail To
CVS PHARMACY #6481	CVS CORPORATION	PO BOX 931867-212	CLEVELAND	OH 44193-1190	(401) 765-1500	2804	Pay To
CVS PHARMACY #6481	1018 N KARWICK ROAD	MICHIGAN CITY	IN	46361-	(219) 872-6811		Service Location

At the bottom of the window are four buttons: "New", "Change Name", "Change Address", and "Exit".

Figure 13.1 – Provider Name/Address Selection Window

Field Information

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Title

Description – Provider's title

Format – 10 characters alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Address 1

Description – First line of provider's address

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Address 2

Description – Second line of provider's address

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: City

Description – Provider's city

Format – 20 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: ST

Description – Provider's state

Format – Two character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Zip

Description – Provider's ZIP code

Format – 10 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Usage

Description – Home Office, Mail To, Pay To, or Service Location

Format – 15 alphabetic character

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Phone

Description – Provider's telephone number

Format – 10 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Ext

Description – Provider's phone extension

Format – Four character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_NAME_ADDRESS_SELECT

Menu – None

Data Windows – DW_PROVIDER_NAME_LIST

DW_PROVIDER_ADDRESS_LIST

System Features

The Provider Address window selects a provider name or provider address from a list. New is only available when the provider is being enrolled. When **Change Name** is clicked, the Provider Name Maintenance window appears. When **Change Address** is clicked, the Provider Address Maintenance window appears. Exit exits this window and returns to the Provider Service Location window.

Section 14: Provider Name Maintenance Window

Introduction

IFSSA and EDS use the Provider Name Maintenance window to view and update provider names. When building a new service location or address record, the user can view an existing name and update that name below. The user can also propagate the updated name to other addresses and other service locations, if desired, by clicking the **Name Usage Selection** radio buttons. Only authorized users with update privileges can add new information or change existing data. The Provider Name Maintenance window is accessed through the Provider Address window by clicking **Change Name**, or by typing **Alt+N**.

Provider Name Maintenance

File Edit Applications Options

Select Names to Change:

☒ This Location and Usage
☐ This Location All Usages
☐ All Locations This Usage
☐ All Locations All Usages

Current Name

Names that are Selected:

Service Location	Address Usage
A	Home Office

Change Name to:

Person: SMITH JOHN
Business:
Title:

Select from list Save Exit

Figure 14.1 – Provider Name Maintenance Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Select From List
Audit	Paste	Claims	
Exit	Cut	Financial	
Exit IndianaAIM		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 14.2 – Provider Name Maintenance Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the Provider Name Maintenance window.

Save – Saves entered information

Audit – Accesses the online audit trail windows

Exit – Returns to the Provider Address window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Select From List – Accesses the Provider Name/Address Selection window.

Field Information

Field Name: Select Names to Change

Description – Select the location of name change

Format – Click circle

Features – None

Errors – None

To Correct – N/A

Field Name: Current Name

Description: – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Title

Description – Provider's title

Format – 10 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Names that are Selected

Description – Display what locations where chosen for name changes

Format – 1 character for Service Location, 20 characters for Address
Usage

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Change Name to:

Description – Provider's name (Last, first and MI or business and/or title)

Format – 39 alphanumeric characters

Features – None

Error – None

To Correct – N/A

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_NAME_MAINT

Menu – M_PROVIDER_NAME_MAINT

Data Windows – DW_PROVIDER_NAME_NEW

DW_PROVIDER_NAME_OLD

DW_PROVIDER_LOC_NM_ADR

System Features

The Provider Name Maintenance window selects a provider location from a list. When **Select from list** is clicked, the next Section window titled Provider Name/Address Selection is present.

Click **Save** to save information entered.

Click **Exit** to exit the window.

Section 15: Provider Address Maintenance Window

IFSSA and EDS use the Provider Address Maintenance window to view and update provider addresses. When building a new service location or address record, the user can view an existing address and update that address. The user can propagate the updated address to the other addresses and other service locations, if desired, by clicking the **Address Usage Selection** radio buttons. Only authorized users with update privileges can add new information or change existing data. The Provider Address Maintenance window is accessed through the Provider Address window by clicking **Change Address**, or by pressing **Alt+A**. After the Provider Name/Address Selection window appears, double-click the address to update.

The screenshot shows the 'Provider Address Maintenance' window with a menu bar (File, Edit, Applications, Options). On the left, under 'Select Addresses to Change:', there are four radio buttons: 'This Location and Usage' (selected), 'This Location All Usages', 'All Locations This Usage', and 'All Locations All Usages'. Below this is a section 'Addresses that are Selected:' containing a table:

Service Location	Address Usage
A	Service Location

At the bottom left is a 'Select from list' button. On the right, there are two address input sections. The top section, 'Current Address', has fields for Address1 (13 WEST STREET), Address2, City (INDPLS), State (IN), Zip (46206), Phone, and Ext. The bottom section, 'Change Address to:', has identical fields with the same data entered. At the bottom right are 'Save' and 'Exit' buttons.

Figure 15.1 – Provider Address Maintenance Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Select From List
Audit	Paste	Claims	
Exit	Cut	Financial	
Exit IndianaAIM		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 15.2 – Provider Address Maintenance Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections File, Edit, and Applications have the same functions on all the reference windows.

Menu Selection: File

This command allows the user to print the existing window and exit the Provider Address Maintenance window.

Save – Saves entered information

Audit – Accesses the online audit trail windows

Exit – Returns to the Provider Address window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS Menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Select From List – Accesses the Provider Name/Address Selection window

Field Information

Field Name: Select Addresses to Change

Description – Select button

Format – N/A

Features – Selection button populates addresses that are selected.

Error – None

To Correct– N/A

Current Address

Field Name: Address1

Description – First line of provider's current address

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct– N/A

Field Name: Address2

Description – Second line of provider's current address

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: City

Description – Provider's current city

Format – 15 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: State

Description – Provider's current state

Format – Two character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Zip

Description – Provider's current five-digit and four-digit optional ZIP code

Format – Nine character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Phone

Description – Provider's current area code and phone number

Format – 10 character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Ext

Description – Provider's current phone number extension

Format – Four character numeric

Features– Protected, display only

Error – None

To Correct – N/A

Change Address To

Field Name: Address1

Description – First line of provider's updated address

Format – 30 character alphanumeric

Features – None

Error – 5001 – Address info must be present!

To Correct – Verify entry. Entry is required.

Field Name: Address2

Description– Second line of provider's updated address

Format – 30 character alphanumeric

Features – None

Error – None

To Correct – N/A

Field Name: City

Description – Provider's updated city

Format – 15 character alphanumeric

Features – None

Error – 5035 – City is invalid!

To Correct – Verify entry. Entry is required.

Field Name: State

Description – Provider's updated state with abbreviations to include the following

Table 15.1 – State Abbreviations

State	State	State	State	State
AL	AK	AZ	AR	CA
CO	CT	DE	DC	FL
GA	HI	ID	IL	IA
KS	KY	LA	ME	MD
MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ
NM	NY	NC	ND	OH
OK	OR	PA	RI	SC
SD	TN	TX	UT	VT
VA	WA	WV	WI	WY

Format – Two character alphanumeric

Features – Drop-down list box

Error – 5002 – State is invalid!

To Correct – State must be chosen from drop-down list box.

Field Name: Zip

Description – Provider's updated five-digit and four-digit optional ZIP code

Format – Nine character numeric

Features – None

Error – 5003 – ZIP code is invalid!

To Correct – Verify ZIP code was entered. If entered, verify that the ZIP was entered as five or nine numeric characters.

Field Name: Phone

Description – Provider's updated phone number

Format – 10 character numeric

Features – None

Error – 5102 – Phone number is invalid!

To Correct – Verify entry. Required entry must be 10 numeric characters.

Field Name: Ext

Description – Provider's updated phone extension

Format – Four character numeric

Features – None

Error – 5103 – Phone number extension is invalid!

To Correct – Verify entry. Phone number extension is not required, but if it is entered, the extension must be numeric.

Field Name: Addresses that are Selected

Description – Choices of service locations and address type usages for the updated address

Format – One character alphanumeric and 15 alphabetic characters for address usage

Features –Protected, display only

Error – None

To Correct – N/A

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_ADDRESS_MAINT

Menu – M_PROVIDER_ADDRESS_MAINT

Data Windows – DW_PROVIDER_ADDRESS_NEW

DW_PROVIDER_ADDRESS_OLD

DW_PROVIDER_LOC_NM_ADR

System Features

The current Service Location Address data window displays only information showing the current value of provider address.

The Provider Address Maintenance window allows the user to update the specified use for the address being updated. The updated service locations and use appear in the Provider Addresses window. By selecting the appropriate radio button, the user controls the extent of the update performed. Location refers to the provider service location, and usage refers to the different address usage (Mail To, Pay To, Service Location, and Home Office).

Select From List button opens the Provider Name/Address Selection window. This allows the user to select address information from a list of the provider's existing addresses.

*Note: Proceed with caution when using the **Cancel** button. If a change is saved on the Provider Address Maintenance window, the **Cancel** Button deletes **all** updates in progress on **all** windows currently open.*

Section 16: Provider Address Window

Introduction

IFSSA and EDS use the Provider Address window to view and update provider names and addresses for selected use (specific service location and use). The window displays the list of names and addresses for a specific service location. The user can change the name and address by clicking **Change Address** or **Change Name**. The user can also add a new address to the service location by clicking **New**. If the user clicks **New**, IndianaAIM brings up the Provider Address New window to enter the information. The Provider Address window is accessed through the Provider Service Location window by clicking **Name Address**, or by pressing **Alt+M**. Only authorized users with update privileges can add new information or change existing data.

The screenshot shows a window titled "Provider Address" with a menu bar (File, Edit, Applications, Options). Below the menu bar, there are input fields for "Provider ID" (200240970), "Loc" (A), and "Name" (COLLISI MICHAEL J). The main area of the window displays a list of addresses for Michael J. Collisi. Each entry includes the name, address, phone number, and a usage type. The first entry is highlighted in blue. At the bottom of the window, there are four buttons: "New", "Change Name", "Change Address", and "Exit".

Name	Address	Phone	Ext.	Usage
COLLISI, MICHAEL J.	225635 VETERANS AVE BROWNSBURG , IN 46112-0000	(317) 462-5567		Home Office
COLLISI, MICHAEL J.	225635 VETERANS AVE BROWNSBURG , IN 46112-0000	(317) 462-5567		Mail To
COLLISI, MICHAEL J.	225635 VETERANS AVE BROWNSBURG , IN 46112-0000	(317) 462-5567		Pay To
COLLISI, MICHAEL J.	225635 VETERANS AVE BROWNSBURG , IN 46112-0000	(317) 462-5567		Service Location

Figure 16.1 – Provider Address Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Change Address
Exit	Paste	Claims	Change Name
	Cut	Financial	
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 16.1 – Provider Address Menu Tree

This is the menu tree for the Provider Address window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the Provider Address window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

New – Accesses the Provider Address New window

Exit – Returns to the Provider Service Location window

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Change Address – Accesses the Provider Address Maintenance window

Change Name – Accesses the Provider Name Maintenance window

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Address

Description – Provider's address

Format – 30 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Title

Description – Provider's official title with valid values to include:

Table 16.1 – Provider's Official Title Selections

Value	Description
AUD	Audiologist
CRNA	Certified Registered Nurse Anesthetist
DC	Chiropractor
DDS	Dentist
DO	Osteopathic Physician
DPM	Podiatrist
LPN	Licensed Practical Nurse
MD	Physician
OT	Occupational Therapist
PhD	Psychiatrist
PsyD	Psychologist
PT	Physical Therapist
RN	Registered Nurse
RT	Respiratory Therapist
SP	Speech Pathologist

Format – Four character alphanumeric

Features – Protected, display only

Error – None

To Correct – /A

Field Name: Usage

Description – Type of address with valid value to include the following:

- Home Office Address
- Mail-To Address
- Pay-To Address
- Service Location Address

Format – 15 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Phone

Description – Provider's phone number

Format – 10 character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Phone Ext

Description – Provider's phone extension

Format – Four character numeric

Features – Protected, display only

Error – None

To Correct – N/A

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_ADDRESS

Menu – M_PROVIDER_ADDRESS

Data Windows – DW_PROVIDER_HEADER

DW_PROVIDER_ADDRESS

System Features

New is disabled if all address usage (Mail To, Pay To, Service Location, and Home Office) exist for a provider.

Change Address and **Change Name** are disabled if addresses exist for a provider.

Change Address allows the user to modify address for selected usage.

Change Name allows user to modify name for selected usage.

Section 17: Provider Address New Window

The screenshot shows a window titled "Provider Address New" with a menu bar containing "File", "Edit", "Applications", and "Options". The main area contains several input fields and a list box. At the top, "Provider ID" is set to "110000960", "Loc" is "A", and "Name" is an empty field. Below this is a "Title" field. The "Person Name" field is split into three parts. The "Business Name" field is a single line. "Address1" and "Address2" are two-line fields. "City", "State", and "Zip" are separate fields, with "Zip" having a default of "00". "Phone" is a field with a country code dropdown and a hyphen, followed by an "Ext" field. On the right, an "Address Usage" list box contains "Home Office", "Mail to", "Pay to", and "Service Location". At the bottom, there are buttons for "New", "Save", "Exit", "Cancel", "Change Selected", and "Select From List".

Provider ID: 110000960	Loc: A	Name:	Title:
Person Name:			
Business Name:			
Address1:			
Address2:			
City:	State:	Zip: 00	
Phone: () -	Ext:		
		Address Usage Home Office Mail to Pay to Service Location	
		Change Selected	
New	Save	Exit	Cancel
		Select From List	

Figure 17.1 – Provider Address New Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Select From List
Save	Paste	Claims	
Audit	Cut	Financial	
Exit		Managed Care	
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 17.2 – Provider Address New Menu Tree

This is the menu tree for the Provider Address New window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the Provider Address New window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, save the window, add a new address, or print the screen being viewed.

New – Accesses the Provider Address New window

Save – Saves entered information

Audit – Accesses online audit trail windows

Exit – Returns to the Provider Service Location window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

Third Party Liability – Accesses the Third Party Liability windows

SURS – Accesses the SURS windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Select From List – Accesses the Provider Name/Address Selection window

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Person Name

Description – Provider's name if provider is an individual

Format – 39 character alphanumeric – 25 characters for last name, 13 characters, for first name, one character for middle initial

Features – None

Error – 5009 – Name information must be present!

To Correct – Verify entry. Entry is required if cursor is placed on Person Name field.

Field Name: Title

Description – Provider's official title with valid values to include:

Table 17.1 – Provider's Official Title Selections

Value	Description
AUD	Audiologist
CRNA	Certified Registered Nurse Anesthetist
DC	Chiropractor
DDS	Dentist
DO	Osteopathic Physician
DPM	Podiatrist
LPN	Licensed Practical Nurse
MD	Physician
OT	Occupational Therapist
PhD	Psychiatrist
PsyD	Psychologist
PT	Physical Therapist
RN	Registered Nurse
RT	Respiratory Therapist
SP	Speech Pathologist

Format – Four character alphanumeric

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Business Name

Description – Provider's name if provider is incorporated

Format – 39 character alphanumeric

Features – None

Error – 5009 – Name information must be present!

To Correct – Verify entry. Entry is required if cursor is placed in Business Name field.

Field Name: Address1

Description – First line of provider's address

Format – 30 character alphanumeric

Features – None

Error – 5001 – Address info must be present!

To Correct – Verify entry. Entry is required.

Field Name: Address2

Description – Second line of provider's address

Format – 30 character alphanumeric

Features – None

Error – None

To Correct – N/A

Field Name: City

Description – Provider's city

Format – 15 character alphanumeric

Features – None

Error – 5035 – City is invalid!

To Correct – Verify entry. Entry is required.

Field Name: State

Description – Provider's state with valid values to include:

Table 17.2 – Provider's State Values

State	State	State	State
AL	AK	AZ	AR
CA	CO	CT	DE
DC	FL	GA	HI
IA	ID	IL	IN
KS	KY	LA	MA
ME	MD	MI	MN
MS	MO	MT	NE
NV	NH	NJ	NM
NY	NC	ND	OH
OK	OR	PA	RI
SC	SD	TN	TX
UT	VT	VA	WA
WV	WI	WY	

Format – Two character alphanumeric

Features – Drop-down list box

Error – 5002 – State is invalid!

To Correct – State must be chosen from drop-down list box.

Field Name: Zip

Description – Provider's five-digit and four-digit optional ZIP code.

Format – Nine character numeric

Features – None

Error – 5003 – ZIP code is invalid!

To Correct – Verify entry. Required entry must be numeric and must be either five or nine digits.

Field Name: Phone

Description: – Provider's area code and phone number

Format – 10 character numeric

Features – None

Error – 5102 – Phone number is invalid!

To Correct – Verify entry. Required entry must be 10 numeric characters.

Field Name: Ext

Description – Provider's phone number extension

Format – Four character numeric

Features – None

Error – 5103 – Phone number extension is invalid!

To Correct – Verify entry. Phone number extension is not required, but, if entered, the entry must be numeric.

Field Name: Address Usage

Description – Type of address being used with valid values to include:

- Home Office
- Mail To
- Pay To
- Service Location

Format – 15 character alphanumeric

Features – Drop-down list box

Error – 5020 – Select address usage!

To Correct – Address type must be chosen.

Error – 5056 – Mail-to, Pay-to, and Service Loc Address' required!

To Correct – Entry of all the address type usage is required when adding a service location.

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_ADDRESS_NEW

Menu – M_PROVIDER_ADDRESS_NEW

Data Windows – DW_PROVIDER_ADDRESS_NEW

DW_PROVIDER_HEADER

System Features

When a person's name is typed, the Business Name field is disabled.

When a business name is typed, the Person Name field is disabled.

Title is a drop-down list box. Click the appropriate title for person name.

Address Usage area is a list box. The user may select one or more address usage. An *error* displays if a provider does not have a Mail To, a Pay To, and a Service Location address.

Clicking **Select From List** opens the Provider Name/Address Selection window. This allows the user to select name and address from a list of the provider's existing names and addresses. Any text selected from the Provider Name/Address Selection window is protected and unchangeable.

Clicking **Change Selected** allows the user to modify the name and address text selected from the Provider Name/Address Selection window.

*Note: Caution when using the **Cancel** button. The **Cancel** Button will delete **all** updates in progress on **all** windows currently open.*

Section 18: DEA Maintenance Window

Introduction

IFSSA and EDS use the DEA Maintenance window to view and update provider Drug Enforcement Agency (DEA) numbers and effective dates. Only authorized users with update privileges can add new information or change existing data. The DEA Maintenance window is accessed through the Provider Service Location window by clicking **DEA** or pressing **Alt+D**.

The screenshot shows the 'DEA Maintenance' window with a menu bar (File, Edit, Applications) and a header bar. Below the header, there are input fields for 'Provider ID: 110003160', 'Loc: A', and 'Name: SMITH, JOHN .'. In the center, there is a table with three columns: 'DEA Number', 'Effective', and 'End Date'. The table contains one row with the values '0', '0000/00/00', and '2299/12/31'. At the bottom of the window, there are three buttons: 'New', 'Save', and 'Exit'.

DEA Number	Effective	End Date
0	0000/00/00	2299/12/31

Figure 18.1 – DEA Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 18.2 – DEA Maintenance Menu Tree

This is the menu tree for the DEA Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the DEA Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, save the window, add a DEA number, or print the screen being viewed.

New – Adds a DEA number

Save – Saves entered information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Service Location window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses the Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: DEA Number

Description – Provider's Drug Enforcement Agency number

Format – Nine character alphanumeric

Features – None

Error – 91031 – Must be alphanumeric

To Correct – Verify entry. Entry must be A-Z or 0-9.

Error – 91032 – May not be zero

To Correct – Verify entry. Entry greater than zero is required.

Error – 91038 – DEA number must be nine characters!

To Correct – Verify entry. The DEA number must be nine characters in length.

Field Name: Effective

Description – Effective date of DEA number

Format – CCYYMMDD

Features – None

Error – 5026 – End Date must be greater than or equal to Effective Date.

To Correct – Verify entry. The End Date field must be entered before trying to save the effective date.

Error – 91003 – Date is required

To Correct – Verify entry. Date entry is required.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Field Name: End Date

Description – End date of DEA number

Format – CCYYMMDD

Features – None

Error – 5118 – Combine overlapping continuing segments for the same DEA number!

To Correct – Verify entry. Multiple continuous date segments must be combined into one segment.

Error – 91003 – Date is required

To Correct – Verify entry. End date entry is required.

Error – 91020 – End date must be greater than or equal to the effective date!

To Correct – Verify entry. End date must be greater than or equal to effective date.

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_DEA

Menu – M_PROVIDER_DEA

Data Windows – DW_PROVIDER_DEA

System Features

None

Section 19: CLIA Maintenance Window

Introduction

IFSSA and EDS use the CLIA Maintenance window to view and update provider Clinical Laboratory Improvement Act (CLIA) numbers, certification types, and effective dates. Only authorized users with update privileges can add new information or change existing data. The CLIA Maintenance window is accessed through the Provider Service Location window by clicking **CLIA** or by pressing **Alt+L**.

The screenshot shows a window titled "CLIA Maintenance" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar, there are input fields for "Provider ID: 200240370", "Loc: A", and "Name: BRUNER RICK E". Below these fields is a table with the following data:

CLIA Number	Certification Type	Effective	End Date
1235699887	Waiver	2001/05/01	2299/12/31

At the bottom of the window, there are four buttons: "Delete", "New", "Save", and "Exit".

Figure 19.1 – CLIA Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 19.2 – CLIA Maintenance Menu Tree

This is the menu tree for the CLIA Maintenance window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the CLIA Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, save the window, add CLIA information, or print the screen being viewed.

New – Adds CLIA information

Save: – Saves entered information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Service Location window

Audit – Accesses online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses the Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Edit – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: CLIA Number

Description – Provider's Clinical Laboratory Improvement Act identification number

Format – 10 character alphanumeric

Features – None

Error – 91031 – Must be alphanumeric!

To Correct – Verify entry. Entry must be 0-9 or A-Z.

Error – 91032 – May not be zero!

To Correct – Verify entry. Entry greater than zero is required.

Error – 91070 – Must be 10 Characters!

To Correct – Verify entry. The CLIA number must be 10 characters in length.

Field Name: Certification Type

Description – Provider's CLIA certification type (the services that laboratory is certified to perform) with valid values to include:

- Physician Microscopy
- Registration
- Waiver

Format – Two character alphanumeric

Features – Drop-down list box.

Error – None

To Correct – N/A

Field Name: Effective

Description – Provider's effective date of certification

Format – CCYYMMDD

Features – None

Error – 91020 – End date must be greater than or equal to effective date

To Correct – Verify entry. The End Date field must be entered before trying to save the effective date.

Error – 91003 – Date is required

To Correct – Verify entry. Date entry is required.

Error – 91001 – Invalid date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Field Name: End Date

Description – End date of DEA number

Format – CCYYMMDD

Features – None

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Error – 91003 – Date is required

To Correct – Verify entry. End date entry is required.

Error – 91020 – End date must be greater than or equal to effective date!

To Correct – Verify entry. End date must be greater than or equal to effective date.

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_CLIA

Menu – M_PROVIDER_CLIA

Data Windows – DW_PROVIDER_CLIA

System Features

None

Section 20: Provider EFT Listing Window

Introduction

The Provider EFT Listing window shows all the provider's EFT history. The Provider EFT Listing window is also used for viewing and updating EFT history. If the EFT entry is in a canceled status, the EFT transaction cannot be updated.

1. From the Main menu, click **Provider** to generate the Provider Menu window.
2. Click **Maintenance** and the Provider Search window opens.
3. From the Provider Search window, enter a valid provider number and click **Search**.
4. Once the provider information has populated, click **Select**, or double-click the highlighted line. The Provider Base window opens.
5. Click the **Select Service Location**. The Provider Service Location window opens.
6. Click **EFT Account** to access the Provider EFT Listing window. The Provider EFT Listing window shows the history of the provider's EFT transactions.

ABA Number	Account No	EFT Status	Eff Dte	End Dte	Last Chngd Dte
------------	------------	------------	---------	---------	----------------

Figure 20.1 – Provider EFT Listing Window

File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 20.2 – Provider EFT Menu Tree

This is the menu tree for the Provider EFT Listing window. The menu titles in this figure reflect the overall menu commands and window options on the Provider EFT Listing window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Provider windows.

Menu Selection: File

This command enables the user to enter a new EFT, select highlighted information, print screens, windows, and data windows, exit the present window, or exit IndianaAIM completely.

New – Accesses the Provider EFT Account/Financial Institution window

Select – Selects the highlighted EFT information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu option accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims Menu

Financial – Accesses the Financial Menu

Managed Care – Accesses the Managed Care Menu

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the Prior Authorization Menu

Provider – Accesses the Provider Menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference Menu

Security – Accesses the Security Menu

SURS – Accesses the SURS Menu

Third Party Liability – Accesses the Third Party Liability Menu

Field Information

Field Name: Provider ID

Description – Unique number that identifies the provider for whom the EFT is being set up

Format – Nine characters numeric

Features – System generated

Error – None

To Correct – N/A

Field Name: Loc

Description – Unique code identifying the provider's service location

Format – One character alphanumeric

Features – System generated

Error – None

To Correct – N/A

Field Name: Name

Description – The name of the provider that matches the provider number entered.

Format – 24 characters alphanumeric

Features – System generated

Error – None

To Correct – N/A

Field Name: ABA Number

Description – The provider's bank routing number to which the EFT will be transferred. The ABA number can be duplicated in a provider's EFT file. Once an ABA number is changed to an active status, the field is protected.

Format – Nine characters alphanumeric

Features – None

Error – None

To Correct – N/A

Field Name: Account No

Description – The provider's bank account number. When two EFT entries in a specific provider's file have the same ABA number, the account numbers cannot be the same. Once an account number is changed to an active status, the field is protected.

Format – 14 characters alphanumeric

Features – None

Error – None

To Correct – N/A

Field Name: EFT Status

Description – The status of the EFT. The EFT status can be changed from any status except canceled.

Format – 15 characters alphanumeric

Features – Drop-down list. Valid values include:

- (0) – Pre-notification
- (1) – Active
- (2) – Interrupt
- (3) – Canceled

Error – None

To Correct – N/A

Field Name: Eff Dte

Description – The date when the EFT information will become active. This date will generate 18 days greater than the Date Last Changed date field to allow at least two pre-notification transactions to be created during the weekly financial cycles.

Format – Eight characters numeric (CCYYMMDD)

Features – System generated with override capabilities. The date entered must be at least 18 days greater than the Date Last Changed date field.

Error – None

To Correct – N/A

Field Name: End Dte

Description – The date when an EFT entry will end. Before a new entry can be saved, the end date associated with any open entries must be updated if the effective date of the new entry overlaps the end date of any conflicting entries. The end date can be updated when the entry is in any status except canceled.

Format – Eight characters numeric (CCYYMMDD)

Features – System generated with override capabilities for accounts that need to be canceled without entering a new EFT entry.

Error – None

To Correct – N/A

Field Name: Last Chngd Dte

Description – The date when the EFT status will start

Format – Eight characters numeric (CCYYMMDD)

Features – System generated. Protected

Error – None

To Correct – N/A

Other Messages

None

System Information

PBL – PROV03.PBL

Window – W_PROV_EFT_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Window – DW_PROV_EFT

System Features

Click **New** to make a new entry.

Click **Select** to select the highlighted entry.

Click **Exit** to exit this window.

Section 21: Provider EFT Account/Financial Institution Window

Introduction

This window is used to enter the provider's bank information and establish payments transactions through an electronic funds transfer (EFT) versus a check payment. The EFT status, effective date, and end date dictate by which media the payment is received. The provider receives payments through hard copy checks until the EFT status changes to active.

1. From the Main menu, click **Provider** to open the Provider Menu window.
2. Click **Maintenance** and the Provider Search window opens.
3. From the Provider Search window, enter a valid provider number and click **Search**.
4. Once the provider information has populated, click **Select** or double-click the highlighted line. The Provider Base window opens.
5. Click **Select Service Location**. The Provider Service Location window opens.
6. Click **EFT Account** to access the Provider EFT Listing window.
7. Click **New** to access the Provider EFT Account/Financial Institution window.

Provider EFT Account / Financial Institution

File Edit Applications

Provider ID: 110000290 Loc: A Name: ANESTHESIOLOGIST, SUE . MD

ABA Number:

Account Number: Effective Date: 1994/07/16

EFT Status: Pre-notification End Date: 2299/12/31

Account Type: Checking Date Last Changed: 1994/06/28

New Save Exit

Figure 21.1 – Provider EFT Account/Financial Institution Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 21.2 – Provider EFT Account/Financial Institution

This is the menu tree for the Provider EFT Account/Financial Institution window. The menu in this figure reflects the overall menu commands and window options on the Provider EFT Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Provider windows.

Menu Selection: File

This command enables the user to save information, print screens, windows, and data windows, exit the present window, or exit IndianaAIM completely.

New – Enables the enrollment specialist enter a new EFT transaction

Save – Saves the EFT information entered

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Shows the audit trail for all EFT transactions

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting Menu

Claims – Accesses the Claims Menu

Financial – Accesses the Financial Menu

Managed Care – Accesses the Managed Care Menu

MARS – Accesses the MARS Menu

Prior Authorization – Accesses the Prior Authorization Menu

Provider – Accesses the Provider Menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference Menu

Security – Accesses the Security Menu

SURS – Accesses the SURS Menu

Third Party Liability – Accesses the Third Party Liability Menu

Field Information

Field Name: Provider ID

Description – Unique number that identifies the provider for whom the EFT is being set up

Format – Nine characters numeric (999999999)

Features – System generated

Error – None

To Correct – N/A

Field Name: Loc

Description – Unique code identifying the provider's service location

Format – One character alphabetic

Features – System generated

Error – None

To Correct – N/A

Field Name: Name

Description – The name of the provider that matches the provider number entered.

Format – 24 characters alphanumeric

Features – System generated

Error – None

To Correct – N/A

Field Name: ABA Number

Description – The provider's bank routing number to which the EFT will be transferred. The ABA number can be duplicated in a provider's EFT file. Once an ABA number is changed to an active status, the field is protected.

Format – Nine characters alphanumeric

Features – None

Error – 10002 – ABA Number is Required! Please Enter a Value!

To Correct – Enter a valid ABA number

Error – 5230 – ABA number has to be nine characters!

To Correct – Enter a valid ABA number

Field Name: Account Number

Description – The provider's bank account number. When two EFT entries in a specific provider's file have the same ABA number, the account numbers can not be the same. Once an account number is changed to an active status, the field is protected.

Format – Four characters alphanumeric

Features – None

Error – 10002 – Account Number is Required! Please Enter a Value!

To Correct – Enter a valid account number

Field Name: EFT Status

Description – The status of the EFT. The EFT status can be changed from any status except canceled.

Format – 15 characters alpha

Features – Drop-down list. Valid values include the following:

- Pre-Notification
- Active
- Interrupt
- Canceled

Error – 5224 – Cannot Change Status to Active.

To Correct – Enter a valid status

Error – 5227 – End date cannot be 22991231 for canceled status.

To Correct – Enter a valid status

Error – 5229 – Status can be changed from Active to Cancel only.

To Correct – Enter a valid status

Field Name: Account Type

Description – The type of account to which the EFT transmission is to be transferred. Once an account type is changed to an active status, the field is protected.

Format – 15 characters alphanumeric

Features – Drop-down list box. Valid values include:

- Checking
- Savings

Error – None

To Correct – N/A

Field Name: Effective Date

Description – The date the EFT information becomes active. This date generates 18 days greater than the Date Last Changed date field to allow at least two pre-notification transactions to be created during the weekly financial cycles.

Format – Eight characters numeric (CCYYMMDD)

Features – System generated with override capabilities. The date entered must be at least 18 days greater than the Date Last Changed field.

Error – 10002 – Effective Date is Required! Please Enter a Value!

To Correct – Enter correct date

Error – 5225 – Eff date must be at least Today + 18

To Correct – Enter correct date

Field Name: End Date

Description – The date when an EFT entry is to end. Before a new entry can be saved, the end date associated with any open entries must be updated if the effective date of the new entry overlaps with the end date of any conflicting entries. The end date can be updated when the entry is in any status except canceled.

Format – Eight characters numeric (CCYYMMDD)

Features – System generated with override capabilities for accounts that need to be canceled without entering a new EFT entry.

Error – 10002 – End Date is Required! Please Enter a Value!

To Correct – Enter correct date

Field Name: Date Last Changed

Description – Displays the date the EFT status starts.

Format – Eight characters numeric (CCYYMMDD)

Features – System generated. Protected

Error – None

To Correct – N/A

Other Messages

Error – 4011 – Effective Date must be less than or equal to End Date!

To Correct – Enter correct date

Error – 5226 – Account No., ABA No., combination already exist.

To Correct – Enter correct date

Error – 8004 – No changes typed!

To Correct – Enter data before saving

Error – 10038 – EFT ABA Dates May NOT Overlap!

To Correct – Enter correct date

System Information

PBL – PROV03.PBL

Window – W_PROV_EFT_ACCNT

Menu – M_BASE_MAINT_SIMPLE_2

Data Window – W_PROV_EFT_LIST

System Features

Click **New** to make a new entry.

Click **Save** to save the current entry.

Click **Exit** to exit this window.

Section 22: Tax ID Maintenance Window

Introduction

IFSSA and EDS use the Tax ID Maintenance window to view and update provider Social Security or Tax ID number information. Only authorized users with update privileges can add new information or change existing data. The Tax ID Maintenance window is accessed through the Provider Service Location window by clicking **Tax ID Maint** or press **Alt+I**.

The screenshot shows a window titled "Tax ID Maintenance" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar, there are input fields for "Provider ID:" (200240370), "Loc:" (A), and "Name:" (BRUNER RICK E). Below these fields is a table with the following columns: "Type", "Exempt", "Tax ID", "Effective", and "End Date". The table contains one row of data: "SSN", "No", "336888985", "2001/05/01", and "2299/12/31". At the bottom of the window are three buttons: "New", "Save", and "Exit".

Type	Exempt	Tax ID	Effective	End Date
SSN	No	336888985	2001/05/01	2299/12/31

Figure 22.1 – Tax ID Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Audit		Managed Care
Exit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 22.2 – Tax ID Maintenance Menu Tree

This is the menu tree for the Tax ID Maintenance window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the Tax ID Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, save the window, add Tax ID information or print the screen being viewed.

New – Accesses the Tax ID Maintenance window

Save – Saves entered information.

Print – Prints the screen, top window, or data window.

Exit – Returns to the Provider Service Location window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Field Information

Field Name: Provider ID

Description – Provider's number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Type

Description – Description of identification number. Valid values include:

- SSN

- FEIN

Format – One character alphanumeric

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Exempt

Description – No or Yes if they are exempt

Format – Three alphabetic character

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Tax ID

Description – Provider's tax ID

Format – Nine character alphanumeric

Features – None

Error – 91031 – Must be alphanumeric

To Correct – Verify entry. Entry must be A-Z or 0-9.

Error – 91032 – May not be zero

To Correct – Verify entry. Entry greater than zero is required

Error – 91038 – Tax ID Must Be 9 Characters!

To Correct – Verify entry. Tax ID must be nine characters in length.

Error – 91125 – Must Have Open-Ended Segment! (End
Dte=2299/12/31)

To Correct – Verify entry. The most current tax ID segment must
show an end date of 2299/12/31.

Field Name: Effective

Description – Effective date of tax ID

Format – CCYYMMDD

Features – None

Error – 5025 – Date must be in CCYYMMDD format

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 5026 –End Date cannot be less than Effective Date

To Correct – Verify entry. The End Date field must be entered before trying to save the effective date.

Error – 5027 Effective Date is required

To Correct – Verify entry. Date entry is required.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Error – 91030 – Date segments may not overlap!

To Correct – Verify entry. Effective date segment cannot overlap with previous segment end date segment.

Field Name: End Date

Description – Tax ID end date

Format – CCYYMMDD

Features – Defaults to 22991231 (open ended) when adding new row.

Error – 5025 –Date must be in CCYYMMDD format

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 5026 –End Date cannot be less than Effective Date

To Correct – Verify entry. The End Date field must be entered before trying to save the effective date.

Error – 91020 – End Date Must Be >= Effective Date!

To Correct – Verify entry. End date must be greater than or equal to Effective date.

Error – 91030 – Date segments may not overlap!

To Correct – Verify entry. End date segment cannot overlap with previous segment effective date segment.

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_BASE_TAX_MAINT

Menu – M_PROVIDER_TAX_ID_M

Data Windows – DW_PROVIDER_BASE_TAX_MAINT

System Features

None

Section 23: Provider Type/Specialty Maintenance Window

Introduction

IFSSA and EDS use the Provider Type Specialty Maintenance window to view and update provider type and specialty information by service location. Only authorized users with update privileges have the ability to add new information or change existing data. The Provider Type Specialty Maintenance window is accessed through the Provider Service Location window by clicking **Type Specialty Maintenance** or pressing **Alt+y**.

Provider Type Specialty Maintenance
File Edit Applications

Provider ID: 200241030 Loc: A Name: BRUNER MEMORIAL HOSPITAL

1 of 1		
Type	License Num	Primary Specialty
01		010

Specialty	Subspltly	Eff Date	End Date
010		2001/01/01	2299/12/31

Update Area

Type	License	Primary Specialty	Specialty	Subspecialty	Eff Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type	Description
01	Hospital
02	Ambulatory Surgical Center (ASC)
03	Extended Care Facility
04	Rehabilitation Facility
05	Home Health Agency

Specialty	Description
010	Acute Care
011	Psychiatric
012	Rehabilitation
020	Ambulatory Surgical Center (ASC)
030	Nursing Facility

Subspecialty Addtl. Lic. Save Refresh Delete Exit

Figure 23.1 – Provider Type Specialty Maintenance Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Refresh	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 23.2 – Provider Type Specialty Maintenance Menu Tree

This is the menu tree for the Provider Type Specialty Maintenance window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the Provider Type Specialty Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to print the existing window and exit the Provider Type Specialty Maintenance window.

Save – Saves entered information

Refresh – Refreshes the window. If changes were done and not saved, this will reverse changes to the last save.

Print – Prints a data window, current window, or the entire screen.

Exit – Returns to the main menu

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selections accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

MARS – Accesses the MARS menu

Managed Care – Accesses the Managed Care windows

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS windows

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: LOC

Description – Provider's service location suffix.

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Update Area

Field Name: Type

Description – Provider's type

Format – Two character numeric

Features – None

Error – 5024 – Provider Type is invalid!

To Correct – Verify entry. Provider type must be a valid choice from the provider type description window.

Error – 5094 – Provider Type may not be changed!

To Correct – Verify entry. Deletion of old provider type is needed to enter a new provider type.

Field Name: License Num

Description – Provider's state license number

Format – Five to 10 character alphanumeric

Features – None

Error – License Number will be changed to spaces!

To Correct – Verify entry. License Number will be system generated. This is a warning message only.

Field Name: Primary Specialty

Description – Provider's primary scope of practice (if more than one)

Format – Three character numeric

Features – None

Error – 5125 – Select one of provider's Specialties as Primary!

To Correct – Verify entry. If provider has more than one specialty, a primary specialty must be chosen.

Field Name: Specialty

Description – Provider's specialty

Format – Three character numeric

Features – None

Error – 5036 – Specialty is invalid!

To Correct – Provider specialty must be a valid choice from the specialty description window.

Error – 5119 – Specialty is Invalid For This Provider Type!

To Correct – Verify entry. The chosen specialty does not match the chosen provider type.

Error – 5077 – Changing Highlighted Specialty! Are You Sure?

To Correct – Warning message only. Click **Cancel** to interrupt save.

Error – 10043 – Primary Specialty can not be changed to a non-Managed Care specialty if the provider has active PMP segments

To Correct – Notify supervisor.

Field Name: Subspity

Description – Provider's subspecialty if the provider is a pediatrician or an internist

Format – Three character numeric

Features – None

Error – 5128 – Subspecialty Must Be Blank For This Specialty!

To Correct – Verify entry. The chosen specialty does not require a subspecialty.

Error – 5145 – Subspecialty is Invalid For This Specialty!

To Correct – Verify entry. The chosen subspecialty does not match the chosen specialty.

Field Name: Eff Date

Description – Effective date of the provider specialty.

Format – CCYYMMDD

Features – None

Error – 5025 – Date must be in CCYYMMDD format!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 5026 – End date cannot be less than the effective date!

To Correct – Verify entry. The effective date must be sequentially before the end date.

Error – 5027 – Effective date is required!

To Correct – Verify entry. Entry is required.

Error – 5075 – Eff/End Date overlap conflict!

To Correct – Verify entry. The effective date must not overlap the end date.

Error – 5123 – Provider not enrolled for this date range!

To Correct – Verify entry. Effective date of specialty must be within provider enrollment dates.

Error – 91001 – Invalid date (CCYYMMDD)!

To Correct – Verify entry. Date must be entered in the correct format (CCYYMMDD).

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric (0-9) characters.

Field Name: End Date

Description – End date of the provider specialty.

Format – CCYYMMDD

Features – None

Error – 5025 – Date must be in CCYYMMDD format!

To Correct – Verify entry. The MM must be less than or equal to 12. The DD must be less than or equal to 31, 30, 29, or 28 depending on the month and year.

Error – 5026 – End date cannot be less than the effective date!

To Correct – Verify entry. The end date must be sequentially after the effective date.

Error – 5075 – Eff/End Date overlap conflict!

To Correct – Verify entry. The effective date must not overlap the end date.

Error – 5123 – Provider not enrolled for this date range!

To Correct – Verify entry. Effective date of specialty must be within provider enrollment dates.

Error – 91001 – Invalid date (CCYYMMDD)!

To Correct – Verify entry. Date must be entered in the correct format (CCYYMMDD).

Error – 91002 – Date must be numeric!

To Correct – Verify entry. Date must be numeric (0-9) characters.

Error – 91020 – End Date Must Be Greater >= Effective Date!

To Correct – Verify entry. The end date must be greater than or equal to the effective date.

Field Name: Type

Description – Provider's type (license or certification) with valid values include:

Table 23.1 – Provider Type Values

Value	Description
01	Hospital
02	Ambulatory Surgical Center
03	Extended Care Facilities
04	Rehabilitation Facility
05	Home Health Agency
06	Hospice
07	Capitation Provider
08	Clinic
09	Advance Practice Nurse
10	Mid-Level Practitioners
11	Mental Health Provider
12	School Corporation
13	Public Health Agency
14	Podiatrist
15	Chiropractor
16	Nurse
17	Therapist
18	Optometrist
19	Optician
20	Audiologist
21	Case Manager (Targeted)
22	Hearing Aid Dealer
23	Dietitian
24	Pharmacy
25	DME/Medical Supply Dealer
26	Transportation Provider
27	Dentist
28	Laboratory

(Continued)

Table 23.1 – Provider Type Values

Value	Description
29	X-Ray Clinic
30	End Stage Renal Disease (ESRD) Clinics
31	Physician
32	Waiver Provider

Format – Two character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Description

Description – Written description of the provider's type

Format – N/A

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Specialty

Description – Provider's scope of practice with valid values to include:

Table 23.2 – Provider Specialty Values

Value	Description
010	Acute Care Hospital
011	Psychiatric Hospital
012	Rehabilitation Hospital
020	Ambulatory Surgical Center(ASC)
030	Nursing Facility
031	ICF/MR
032	Pediatric Nursing Facility
033	Residential Care Facility

(Continued)

Table 23.2 – Provider Specialty Values

Value	Description
040	Rehabilitation Facility
050	Home Health Agency
060	Hospice
070	Risk Based Managed Care (RBMC)
071	Managed Care Organization (MCO)
072	Prepaid Health Plan (PHP)
073	Competitive Medical Plans (CMP)
080	Federally Qualified Healthcare Centers (FQHC)
081	Rural Health Clinic (RHC)
082	Medical Clinic
083	Family Planning Clinic
084	Nurse Practitioner Clinic
085	Title V Clinic
086	Dental Clinic
087	Therapy Clinic
090	Pediatric Nurse Practitioner
091	Obstetric Nurse Practitioner
092	Family Nurse Practitioner
093	Nurse Practitioner (other)
094	Certified Registered Nurse Anesthetist (CRNA)
095	Certified Nurse Midwife
100	Physician Assistant
101	Anesthesiology Assistant
110	Outpatient Mental Health Clinic
111	Community Mental Health Center (CMHC)
112	Psychologist
113	Certified Psychologist
114	Health Service Provider In Psychology (HSPP)
115	Certified Clinical Social Worker
116	Certified Social Worker
117	Psychiatric Nurse
120	School Corporation

(Continued)

Table 23.2 – Provider Specialty Values

Value	Description
130	County Health Department
140	Podiatrist
150	Chiropractor
160	Registered Nurse (RN)
161	Licensed Practical Nurse (LPN)
162	Registered Nurse Clinical (RNC)
170	Physical Therapist
171	Occupational Therapist
172	Respiratory Therapist
173	Speech/Hearing Therapist
180	Optometrist
190	Optician
200	Audiologist
210	Care Coordinator for Pregnant Women
211	HIV Case Manager
212	CSHCS Care Coordinator
220	Hearing Aid Dealer
230	Registered Dietitian
240	Pharmacist
250	DME/Medical Supply Dealer
260	Ambulance
261	Air Ambulance
262	Bus
263	Taxi
264	Common Carrier (Ambulatory)
265	Common Carrier (Non-ambulatory)
266	Family Member
270	Endodontist
271	General Dentistry Practitioner
272	Oral Surgeon
273	Orthodontist
274	Pediatric Dentist

(Continued)

Table 23.2 – Provider Specialty Values

Value	Description
275	Periodontist
276	Pedodontist
277	Prosthesis
280	Independent Lab
281	Mobile Lab
290	Freestanding X-Ray Clinic
290	Freestanding Renal Dialysis Clinic
291	Mobile X-Ray Clinic
310	Allergist
311	Anesthesiologist
312	Cardiologist
313	Cardiovascular Surgeon
314	Dermatologist
315	Emergency Medicine Practitioner
316	Family Practitioner
317	Gastroenterologist
318	General Practitioner
319	General Surgeon
320	Geriatric Practitioner
321	Hand Surgeon
322	Internist
323	Neonatologist
324	Nephrologist
325	Neurological Surgeon
326	Neurologist
327	Nuclear Medicine Practitioner
328	Obstetrician/Gynecologist
329	Oncologist
330	Ophthalmologist
331	Orthopedic Surgeon
332	Otologist, Laryngologist, Rhinologist
333	Pathologist

(Continued)

Table 23.2 – Provider Specialty Values

Value	Description
334	Pediatric Surgeon
335	Pediatrician
336	Physical Medicine and Rehabilitation Practitioner
337	Plastic Surgeon
338	Proctologist
339	Psychiatrist
340	Pulmonary Disease Specialist
341	Radiologist
342	Thoracic Surgeon
343	Urologist
344	General Internist
345	General Pediatrician
346	Dispensing Physician
350	Aged Disabled Waiver
351	Autistic Waiver
352	ICF/MR Waiver
353	OBRA/DD
354	Medically Fragile Waiver
356	Waiver-Traumatic Brain Injury
357	Waiver – Assisted Living
358	Waiver – Adult Foster Care

Format – Three character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Description

Description – Written description of provider's specialty

Format – N/A

Features – Protected, display only

Error – None

To Correct – N/A

System Information

PBL – PROV03.PBL

Window – W_PROVIDER_TYPE_SPEC_MAINT

Menu – M_PROVIDER_TYPE_SPEC_MAINT

Data Windows – DW_PROVIDER_BASE_SPEC

DW_PROVIDER_SPECIALTY_CODE

DW_PROVIDER_TYPE_CODE

DW_PROVIDER_BASE_TYPE

System Features

When the user enters either a type or specialty in the update area, the data windows on the lower half of the window are updated to show the corresponding valid values based on the user input.

Double-click on any of the data windows to plug the corresponding value into the update area.

Click **Save**, to verify the program dates for the provider to ensure that the provider is enrolled for the dates the user has specified. If the provider is not enrolled, an error message is issued and the changes are not applied.

Section 24: Provider Subspecialty List Window

Introduction

IFSSA and EDS use the Provider Subspecialty List window to view and select provider subspecialties. Only authorized users with update privileges can add new information or change existing data. The Provider Subspecialty List window is accessed through the Provider Type Specialty Maintenance window by clicking **Subspecialty** or typing **Alt+U**.

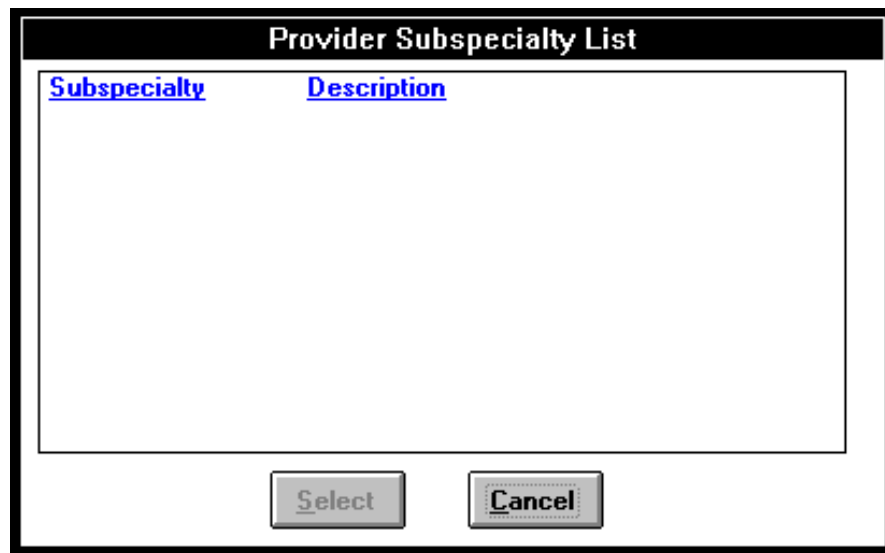


Figure 24.1 – Provider Subspecialty List Window

Field Information

Field Name: Subspecialty

Description – Provider's subspecialty within a specialty, if applicable, with valid values to include:

Table 23.3 – Provider Subspecialty Values

Value	Description
001	Adolescent Medicine
002	Diagnostic Laboratory Immunology
003	Developmental Pediatrics
004	Medical Toxicology
005	Neonatal-Perinatal Medicine
006	Pediatric Allergy
007	Pediatric Cardiology
008	Pediatric Critical Care Medicine
009	Pediatric Dermatology
010	Pediatric Emergency Medicine
011	Pediatric Endocrinology
012	Pediatric Gastroenterology
013	Pediatric Hematology-Oncology
014	Pediatric Infectious Disease
015	Pediatric Nephrology
016	Pediatric Neurology
017	Pediatric Otolaryngology, Rhinology
018	Pediatric Physical Medicine and Rehabilitation
019	Pediatric Pulmonology
020	Pediatric Rheumatology
021	Pediatric Sports and Fitness Medicine
022	Pediatric Urology
023	Adult Critical Care Medicine
024	Adolescent Medicine

Format – Three character numeric

Features – Click to select

Error – None

To Correct – N/A

Field Name: Description

Description – Verbal description to match the three-character subspecialty code with valid values as listed previously.

Format – N/A

Features – Click to select

Error – None

To Correct – N/A

Section 25: Medicare Billing Provider Maintenance Window

Introduction

IFSSA and EDS use the Medicare Billing Provider Maintenance window to view and update Medicare Billing Provider numbers, Medicare or DMERC Programs, and effective dates. Only authorized users with update privileges can add new information or change existing data and only users with delete privileges can delete information. The Medicare Billing Provider Maintenance window is accessed through the Provider Service Location window by clicking **Medicare Bill** or by pressing **Alt+C**.

Medicare Number	Medicare/DMERC	Effective	End Date
0	Medicare	0000/00/00	2299/12/31

Figure 25.1 – Medicare Provider Billing Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 25.2 – Medicare Billing Provider Maintenance Menu Tree

This is the menu tree for the Medicare Billing Provider Maintenance window. All menus are in single-line boxes. The menu titles in this figure reflect the overall menu commands and window options on the Medicare Provider Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the window, save the window, add Medicare billing provider information, or print the screen being viewed.

New – Adds Medicare billing provider information

Save – Saves entered information

Delete – Deletes information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Service Location window

Audit – Accesses online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial window

Managed Care – Accesses the Managed Care window

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization window

Provider – Accesses the Provider window

Recipient – Accesses the Recipient window

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS window

Third Party Liability – Accesses the Third Party Liability window

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Loc

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Medicare Number

Description – Provider's Medicare or DMERC identification number

Format – Six to 10 character alphanumeric

Features – None

Error – 5065 – Medicare Number must be at least six characters!

To Correct – Verify entry. Medicare number must be six to 10 characters

Error – 5253 – Medicare Number already assigned!

To Correct – Verify entry. Entry must not be already assigned to other provider.

Error – 91031 – Must be alphanumeric!

To Correct – Verify entry. Entry must be 0-9 or A-Z.

Error – 91032 – May not be zero!

To Correct – Verify entry. Entry greater than zero is required.

Field Name: Medicare/DMERC

Description – Provider's Medicare or DMERC Program. Valid values are Medicare or DMERC

Format – Eight character alphanumeric

Features – Auto entry by the format of Provider's Medicare number (Six to nine characters Medicare and 10 characters DMERC)

Error – None

To Correct – N/A

Field Name: Effective

Description – Provider's Medicare number effective date

Format – CCYYMMDD

Features – None

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date and ending date can not overlap existing segments

Error – 91020 – End Date must be \geq Effective Date

To Correct – Verify entry. The End Date field must be entered before trying to save the effective date.

Error – 91003 – Date is required

To Correct – Verify entry. Date entry is required.

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Field Name: End Date

Description – Provider's Medicare number end date

Format – CCYYMMDD

Features – None

Error – 91001 – Invalid Date (CCYYMMDD)!

To Correct – Verify entry. The date must be entered in the above format.

Error – 91003 – Date is required

To Correct – Verify entry. End Date entry is required.

Error – 91020 – End Date Must Be \geq Effective Date!

To Correct – Verify entry. End date must be greater than or equal to effective date.

Error – 8034 – Date range overlaps existing segment!

To Correct – Verify entry. The effective date and ending date cannot overlap existing segments.

System Information

PBL – PROV03.PBL

Window – W_PROV_MEDICARE_BILLING

Menu – M_PROV_MAINT

Data Windows – DW_PROV_MCARE_BILL

System Features

None

Section 26: Provider Base Window

Introduction

IFSSA and EDS use the Provider Base window to view, update, or add a provider record and access all other provider windows. Only authorized users with update privileges can add new information or change existing data. Provider information that is exclusive of a service location is viewed on the Provider Base window and the subsequent windows accessed by the option buttons on the Provider Base window.

The screenshot shows the 'Provider Base' window with a menu bar (File, Edit, Applications, Options) and a title bar. The main area contains several sections:

- Provider ID:** 100047100
- UPIN:** 0
- On Review:** No
- Ownership:** No
- Class:** Billing
- Maintain Eligibility** button
- Table:**

Program	Effective Date	End Date	End Reason
Medicaid	1966/07/01	2299/12/31	Active
Package C	2000/01/01	2299/12/31	Active
- Location Table:**

Location	Name
A	TAYLOR, RAY N
- Select Service Location** and **Add Service Location** buttons
- Level of Care**, **Group Info**, **Mcare/Ren**, **PMP**, and **Restrict Svcs** buttons
- Next Provider ID** field with an **Inquire** button
- Save** and **Exit** buttons

Figure 26.1 – Provider Base Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Inquire
Print	Paste	Claims	Provider MCO's
Exit	Cut	Financial	MC Cert Code
Audit		Managed Care	Print RTP Letter
Exit IndianaAIM		MARS	Medicare/Rendering
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 26.2 – Provider Base Menu Tree

This is the menu tree for the Provider Base window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Base window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This command allows the user to exit the Provider Base window, add a provider record, save an added provider, or print the screen being viewed.

Save – Saves entered Provider Base information

Print – Prints the screen, window, or data window

Exit – Returns to the Provider Search window

Audit – Accesses online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to make adjustments to the data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting information

Claims – Accesses the Claims history files

Financial – Accesses the Financial windows

Managed Care – Accesses Managed Care windows

MARS – Accesses MARS information

Prior Authorization – Accesses the Prior Authorization windows

Provider – Accesses the Provider windows

Recipient – Accesses the Recipient windows

Reference – Accesses the Reference windows

Security – Accesses the Security information

SURS – Accesses the SURS windows

Third Party Liability – Accesses the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Selects another provider after typing the applicable provider number in the Next Provider ID field

Provider MCO's – Opens provider Managed Care windows

MC Cert Code – Opens the MC Cert Code window

Print RTP Letter – Accesses the Provider Change RTP Letter (PRV-9012-R)

Medicare/Rendering – Opens the Maintain Medicare Number window

Field Information

Field Name: Provider ID

Description – Provider's identification number

Format – Nine character numeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: UPIN

Description – Provider's Universal Provider Identification Number (UPIN)

Format – Six character numeric

Features – None

Error – 5050 – UPIN must be six digits!

To Correct – Verify entry. The UPIN must be six numeric characters.

Field Name: On Review

Description – Indicates if the provider is currently on prepay review utilization. Valid values include Yes or No.

Format – Three character alphanumeric

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Ownership

Description – Indicates whether the provider has a controlling ownership interest in any other IHCP provider facility or practice. Valid values include Yes and No.

Format – Three character alphanumeric

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Class

Description – The provider's type of class; Billing, Dual, Group, or Rendering

Format – Seven alphabetic characters

Features – Drop-down list box

Error – None

To Correct – N/A

Field Name: Program

Description – Provider's enrollment in any health program or special program within IHCP. Valid values include:

- Medicaid
- 590

- Package C (This program is automatically added when IHCP is chosen. It is a protected field.)

Format – Eight character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Effective Date

Description – Effective date of provider's enrollment status segment

Format – CCYY/MM/DD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Date

Description – End date of provider's enrollment status segment

Format – CCYY/MM/DD

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: End Reason

Description – Provider's eligibility status includes the following:

- Active
 - Enrolled (MMIS)
 - Deactivated (MMIS)
- Retired
 - Deceased (MMIS)
 - Decertified (MMIS)
- Deceased
 - Corporation (MMIS)

- Suspended (MMIS)
- Return mail
 - Deleted (MMIS)
 - Recertification Date
- Term by HCFA
 - Inactive (MMIS)
 - Term. By Not Enroll.
- Term by IFSSA
 - Return Mail (MMIS)
 - Term. By Provider
- Term by HPB
 - New Individual (MMIS)
- Retired (MMIS)
 - Moved OOS (MMIS)

Format – 13 characters alphabetic

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Location

Description – Provider's service location suffix

Format – One character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Name

Description – Provider's name

Format – 39 character alphanumeric

Features – Protected, display only

Error – None

To Correct – N/A

Field Name: Next Provider ID

Description – If another provider record is desired, the user may view the record by typing the provider's identification number in this field.

Format – Nine character numeric

Features – None

Error – 91024 – No Match Found!

To Correct – Verify entry. The provider number entered must be stored in the provider database.

Other Functions

Field Name: Maintain Eligibility

Description – Option button chosen to update the providers program, effective date, end date, and end reason data

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Select Service Location

Description – Option button chosen to open the Provider Service Location window

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Add Service Location

Description – Option button chosen to add service locations to the provider base

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Level of Care

Description – Option button chosen to open the Level of Care Maintenance window

Format – N/A

Features – Option button

Error – 5151 – Provider Type does not require Level of Care!

To Correct – Verify entry. If the provider type is not 01-06, there should not be any information typed in the Level of Care window.

Error – 5152 – Please add Service Location before Level of Care!

To Correct – Verify entry. Service location information should be entered before the level of care information.

Field Name: Group Info

Description – Option button chosen to open the Group Maintenance window

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Mcare/Ren

Description – Option button chosen to open the Maintain Medicare Numbers window

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: PMP

Description – Option button chosen to open the PMP Service Location Enrollment List window

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Restrict Svcs

Description – Option button chosen to open the Provider Restricted Services window

Format – N/A

Features – Option button

Error – None

To Correct – N/A

Field Name: Save

Description – Option button chosen to save the information typed into the window

Format – N/A

Features – Option button

Error – 5057 – Level of Care is required for this provider type!

To Correct – Verify entry. The Provider Base window cannot be saved if information has not been entered into the Level of Care window, and the provider is type 01-06.

Error – 5058 – Provider Service Location Required!

To Correct – Verify entry. The Provider Base window cannot be saved without entering information in the Provider Service Location window.

Error – 5084 – Provider Eligibility info is required!

To Correct – Verify entry. The Provider Base window cannot be saved without entering information in the Maintain Eligibility window.

System Information

PBL – PROV02.PBL

Window – W_PROVIDER_BASE

Menu – M_PROVIDER_BASE

Data Windows – DW_PROVIDER_BASE PROVIDER ID

DW_PROVIDER_ELIGIBILITY

DW_PROVIDER_SERV_LOC LIST

System Features

The text on the Group Info button is black if information is contained in the Group Maintenance window, gray if information is contained in the Group Members Maintenance window, and blue if the provider does not have a group affiliation.

When adding a provider, the **Save** button on the base screen verifies that a level-of-care and service location segment exist before saving the changes. If they do not exist, *error* message 5057 or 5058 appears. In addition, if level-of-care, group, member, PMP, or information exists, verification is performed to ensure that the active dates for each are within the date span for a provider program. If not within the date range, *error* message 5124 appears.

The Level of Care, Group Info, Mcare/Ren, PMP, and Restrict Svcs buttons are either black or dimmed to indicate whether segments of the corresponding type exist.

Glossary

8A	FI0008A (State Form 11971), <i>Notice to Provider of Recipient Deductible</i> . Used to relay member spenddown deductible amount to the provider. To be attached to claims on the spenddown effective date.
450A	Social Evaluation for Long Term Care Admission
450B	Certification by Physician for long-term Care Services
C519	Authorization for Recipient Liability Deviation. Obsolete since implementation of IndianaAIM.
1261A	Division of Family and Children State Form 1261A, <i>Certification – Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medical Assistance Programs Eligibility</i>
1500	HCFA-1500 claim form
7748	State Form 7748, Medical Assistance Programs Financial Report
11971	State Form 11971; see 8A
AAA	See Area Agency on Aging
ABA	American Banking Association
ACSW	Academy of Certified Social Worker
ADA	American Dental Association
ADC	Adult day care
ADL	Activities of daily living
AFDC	Aid to Families with Dependent Children
ALS	Advanced life support
ARCH	Assistance to Residents in County Home
Area Agency on Aging	Also known as AAA. This agency is a significant element in HCBS (waiver program services)
ASC	Ambulatory surgery center
AVR	Automated voice response system; also seen as VRS (Voice Response System)
AWP	Average wholesale price, used in reference to drug pricing

BENDEX	Beneficiary Data Exchange System; a file containing data from HCFA regarding persons receiving benefits from the Social Security Administration
Bill	As refers to a bill for medical services, the submitted claim document, or electronic record; may contain one or more services performed
BLS	Basic life support
BQAMIS	Bureau of Quality Assurance Management Information System
Buy-In	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance members , enrolling them in the Medicare Part B program
C&T	Certification and Transmittal; a document from SBOH
CARF	Commission on Accreditation of Rehabilitation Facilities
cc	Cubic centimeter
CCF	Claim correction form
CCN	Correspondence control number
CDPW	County Department of Public Welfare, the previous term for County Offices of the Division of Family and Children
CFR	Code of Federal Regulations
Claim	A provider's request for reimbursement for medical services
CLIA	Clinical Laboratory Improvement Amendments
cm	Centimeter
Contractor	Offeror with whom the State has successfully negotiated a contract pursuant to IC 12-1-7-17
County Office	County Offices of the Division of Family and Children are responsible for determining eligibility for Medical Assistance Programs
Covered service	A service provided by a participating Medical Assistance Programs provider to a Medical Assistance Programs member for which payment is available under the Indiana Medical Assistance Programs
CP	Clinical psychologist

CPR	Cardiopulmonary resuscitation
CPT	Current Procedural Terminology
CPU	Central processing unit
CRF/DD	Community Residential Centers for the Developmentally Disabled
CSHCS	Children's Special Health Care Services
CSW	Clinical social worker
cu	Cubic
D&E	Diagnostic and evaluation (in reference to services/providers)
DD	Developmentally disabled or developmental disabilities
DHHS	U.S. Department of Health and Human Services
DHS	Department of Human Services
Diagnosis code	A code from a recognized statistical classification system which describes diseases and injuries according to established criteria
DME	Durable medical equipment
DOS	Date of service, the specific day when services were rendered
DPW	Department of Public Welfare, the previous name of the Family and Social Services Administration
DPW Form 8A	See 8A
DRG	Diagnosis-related grouping
DSH	Disproportionate share hospital, a category, determined by the State of Indiana, wherein a hospital provides a disproportionate share of Medical Assistance Programs health-care services
DUR	Drug utilization review
EAC	Estimated acquisition cost of drugs
ECC	Electronic claims capture
ECF	Extended care facility
ECG	Electrocardiogram
ECM	Electronic claims management
ECS	Electronic claims submittal; equivalent to EMC, paperless

	claims, ECC, and similar terms denoting claim transmittal via electronic media
EDP	Electronic data processing
EDS	Electronic Data Systems Corporation, the Indiana Medical Assistance Programs contractor
EEG	Electroencephalogram
EFT	Electronic funds transfer
EKG	Electrocardiogram
EMC	Electronic media claims; equivalent to ECS
EMG	Electromyography
Emergency	See "medical emergency" for definition
EMS	Emergency Medical Service
EOB	Explanation of benefits
EOMB	Explanation of Medicare Benefits
EOP	Explanation of payment
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program, also known as HealthWatch in Indiana
EST	Eastern Standard Time
ETR	Enrollment Tracking Report
EVS	Eligibility verification system
FAMIS	Family Assistance Management Information System
FEIN	Federal employer identification number
FFP	Federal financial participation; the Federal payment share of Indiana Medical Assistance Program expenditures, given certain parameters are met
FIPS	Federal Information Processing Standards
Fiscal Year - State	July 1 - June 30
Fiscal Year - Federal	October 1 - September 30
FQHC	Federally Qualified Health Center
FSSA	Family and Social Services Administration

FUL	Federal upper limit, the pricing structure associated with maximum allowable cost (MAC) pricing
Form 1261A	Division of Family and Children State Form 1261A, <i>Certification - Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medical Assistance Programs Eligibility</i>
HCBS	Home- and community-based services (waiver program)
HCFA	Health Care Financing Administration
HCFA 1500	HCFA-approved claim form used to bill professional services
HCPCS	Health Care Financing Administration's Common Procedure Coding System
HCT	Hematocrit
HealthWatch	A preventative care program, also known as EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)
HHA	Home health agency
HHS	Department of Health and Human Services, United States Government
HIC	Health insurance carrier number
HIO	Health insuring organization
HMO	Health maintenance organization
Home and community-based services	Also known as the waiver program. A program designed to prevent institutionalization of individuals requiring assistance; the program provides services in the member's own home and local community. Five separate waiver programs have been established
Hoosier Healthwise	A Statewide Medical Assistance Programs managed care program with two concurrently-running components: PCCM and RBMC
HPSA	Health professional shortage area
HPSB	Health Professions Service Bureau
HSPP	Health services provider in psychology
IAC	Indiana Administrative Code. Promulgated State regulations.

IAHSA	Indiana Association of Home Service Agencies, Inc.
IC	Indiana Code
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICES	Indiana Client Eligibility System
ICF	Intermediate care facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICN	Internal control number, the identifying number assigned to a specific paper or electronic claim
ICU	Intensive care unit
IDDARS	Indiana Division of Disability, Aging, and Rehabilitative Services
IDEA	Individuals with Disabilities Education Act
IDOA	Indiana Department of Administration
IFSSA	Indiana Family and Social Services Administration
IM	Intramuscular
IMCA	Indiana Motor Carrier Authority
IMD	Institutions for Mental Disease
INF	Infusion
IndianaA/M	Indiana Advanced Information Management system
INJ	Injection
INMVRs	Indiana Medical Assistance Programs Voice Response System; primarily seen as AVR (Automated Voice Response)
IOC	Inspection of care; the EDS IOC Unit evaluates the quality of care provided to each member and the level of care most appropriate to meet the member's needs
IRS	Identical, related, or similar drugs, in relation to less than effective (LTE) drugs
ISETS	Indiana Support Enforcement Tracking System
ISBOH	Indiana State Board of Health□

ISDH	Indiana State Department of Health
IV	Intravenous
LAN	Local area network
LLP	Limited license practitioner
LOA	Leave of absence
LOC	Level of care; the level of long-term care services which a member has been determined to require, such as skilled, intermediate, etc.
Lock-In	Restriction of a member to particular providers, as determined necessary by the State
LPM	Liter per minute
LTC	Long-term care
LTE	Less than effective drugs
MAC	Maximum allowable cost for drugs
MCCA	Medicare Catastrophic Coverage Act of 1988
MCO	Managed care organization
Financial Report	State Form 7748, used for cost reporting
Medical emergency	Defined by The American College of Emergency Physicians as a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonable be expected to result in: (a) placing health in jeopardy; (b) serious impairment to bodily function; (c) serious dysfunction of any bodily organ or part; or (d) development or continuance of severe pain. For relational gauge, please see "urgent" and "routine" definitions, as well
MEQC	Medical Assistance Programs Eligibility Quality Control
MI	Mental illness
mg	Milligram
ml	Milliliter
mm	Millimeter
MMIS	Medical Assistance Programs Management Information System
MOC	Memoranda of Collaboration; a Hoosier Healthwise document

which provides a formal description of the terms of collaboration between a PMP and PHCSP, and serves as a tool for delineating responsibilities for referrals on a continuous basis. MOCs must be signed by both parties and are subject to OMPP approval

MRI	Magnetic resonance imaging
MRO	Medical Assistance Programs Rehabilitation Option
MRT	Medical Review Team, unit which makes decision regarding Disability Determination
MSW	Master of Social Work
MWU	Medical Assistance Programs Waiver Unit, the IDDARS unit which manages the HCBS (or waiver) program
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NEC	Not elsewhere classified
NF	Nursing facility
NH	Nursing home
NHIC	National Heritage Insurance Company, an EDS insurance subsidiary
NOC	Not otherwise classified
OBRA	Omnibus Budget Reconciliation Act
OB/GYN	Obstetrics and gynecology
OMPP	Office of Medical Assistance Programs Policy and Planning
OTC	Over the counter
PA	Prior authorization
PAR	Parenteral
PASARR	Pre-Admission Screening and Annual Resident Review
PAT III	Professional, Administrative or Technological III, an aspect of the Indiana State Personnel Merit System
PCCM	Primary Care Case Management; a component of the Statewide Medical Assistance Programs managed care program, Hoosier Healthwise
PERS	Personal emergency response system, an electronic device which

	enables the consumer to secure help in an emergency
PHCSP	Preventative health care services provider; a provider of well-child care, prenatal care services, and/or care coordination services
Plan of care	A formal plan developed to address the specific needs of an individual; links clients with needed services
PMF	Provider master file
PMP	Primary medical provider; an integral provider of Hoosier Healthwise services
POS	Place of service, the location where services were rendered; or point of service, a billing system which uses swipe card or personal computer technology to bill for services rendered at the time and place of service
PPO	Preferred provider organization
Private trust	term used to indicate that a trust fund is available to pay medical expenses
PRO	Peer Review Organization
Procedure code	A specific identification of a specific service using the appropriate series of several coding systems such as the CPT (Physician's Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System), or ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification), etc.
Pro-DUR	Prospective Drug Utilization Review
Provider manual	The primary source document for Indiana Medical Assistance Programs providers
Provider number	The unique individual or group number assigned to practitioners participating in the Indiana Medical Assistance Programs
QDWI	Qualified Disabled Working Individual
QMB	Qualified Medicare Beneficiary
QMHP	Qualified mental health professional
QMRP	Qualified mental retardation professional
RA	Remittance advice
RBA	Room and Board Assistance

RBMC	Risk-based managed care; a component of the Statewide Medical Assistance Programs managed care program, Hoosier Healthwise
RBRVS	Resource-based relative value scale
RFP	Request for proposals
RID	Recipient identification (ID) number; the unique number assigned to an individual who is eligible for Medical Assistance Programs services
RDA	Recommended dietary allowance
Routine	Defined as a condition that can wait for a scheduled appointment. For relational gauge, please see "urgent" and "medical emergency" definitions, as well
SBOH	State Board of Health
SDX	State Data Exchange System; the Social Security Administration's method of transferring SSI entitlement information to the State
SEH	Seriously emotionally handicapped
SLMB	Specified Low Income Medicare Beneficiary
SMI	Seriously mentally ill
SNF	Skilled nursing facility
SOBRA	Omnibus Budget Reconciliation Act of 1986
SPR	System Performance Review
SSA	Social Security Administration of the Federal government
SSI	Supplementary Security Income
SSN	Social Security Number
State	The State of Indiana and any of its departments or agencies and public agencies
State Form 7748	Medical Assistance Programs Financial Report, used for cost reporting
State Form 11971	See 8A
SUR	Surveillance and Utilization Review
TPL	Third party liability

UB-92	Standard institutional claim form (Uniform Bill - 92, HCFA 1450)
UCC	Usual and customary charge
UL	Underwriter's Laboratories
Unit of service	the measurement divisions for a particular service, such as one hour, one quarter hour, an assessment, a day, etc.
UPIN	Universal provider identification number
Urgent	Defined as a condition not likely to cause death or lasting harm, but for which treatment should not wait for the next day or a scheduled appointment. For relational gauge, please see "medical emergency" and "routine" definitions, as well
VRS	Voice response system
WAN	Wide area network
Waiver services	A program designed to prevent institutionalization of individuals requiring assistance; the program provides services in the member's own home and local community. Five separate waiver programs have been established
WIC	Women, Infants, and Children program

Index

C

CLIA Maintenance Window.....	19-1
Counties.....	9-6
CPT.....	G-2, G-8

D

DEA Maintenance Window.....	18-1
-----------------------------	------

F

Figure 1.1 – Provider Restricted Services Maintenance Window	1-1
Figure 1.2 – Provider Restricted Services Maintenance Window Menu Tree.....	1-2
Figure 10.1 – UCC Maintenance Window.....	10-1
Figure 10.2 – UCC Maintenance Menu Tree.....	10-2
Figure 11.1 – Provider Dispensing Fee Adjustment Window	11-1
Figure 12.1 – Group Member Maintenance Window	12-1
Figure 12.2 – Group Member Maintenance Menu Tree	12-2
Figure 13.1 – Provider Address Window.....	13-1
Figure 14.1 – Provider Name Maintenance Window	14-1
Figure 14.2 – Provider Name Maintenance Menu Tree	14-2
Figure 15.1 – Provider Address Maintenance Window	15-1
Figure 15.2 – Provider Address Maintenance Menu Tree	15-2
Figure 16.1 – Provider Address Window.....	16-1
Figure 16.2 – Provider Address Menu Tree.....	16-2
Figure 17.1 – Provider Address New Window.....	17-1
Figure 17.2 – Provider Address New Menu Tree.....	17-2
Figure 18.1 – DEA Maintenance Window.....	18-1
Figure 18.2 – DEA Maintenance Menu Tree.....	18-2
Figure 19.1 – CLIA Maintenance Window.....	19-1
Figure 19.2 – CLIA Maintenance Menu Tree.....	19-2

Figure 2.1 – Provider Program Eligibility Maintenance Window.....	2-1
Figure 2.2 – Provider Restricted Service Maintenance Window Menu Tree.....	2-2
Figure 20.1 Provider EFT Listing Window.....	20-1
Figure 20.2 – Provider EFT Menu Tree.....	20-2
Figure 21.1 – Provider EFT Account/Financial Institution Window.....	21-1
Figure 21.2 – Provider EFT Account/Financial Institution.	21-2
Figure 22.1 – Tax ID Maintenance Window.....	22-1
Figure 22.2 – Tax ID Maintenance Menu Tree.....	22-2
Figure 23.1 – Provider Type Specialty Maintenance Window.....	23-1
Figure 23.2 – Provider Type Specialty Maintenance Menu Tree.....	23-2
Figure 24.1 – Provider Subspecialty List Window	24-1
Figure 25.1 – Medicare Provider Billing Maintenance Window	25-1
Figure 25.2 – Medicare Billing Provider Maintenance Menu Tree.....	25-2
Figure 26.1 – Provider Base Window.....	26-1
Figure 26.2 – Provider Base Menu Tree.....	26-2
Figure 3.1 – Provider Medical Education Cost Window	3-1
Figure 3.2 – Provider Medical Education Cost Menu Tree	3-2
Figure 4.1 – Provider Capital Cost	4-1
Figure 4.2 – Provider Capital Cost Menu Tree.....	4-2
Figure 5.1 – Provider Cost to Charge Ratio window	5-1
Figure 5.2 – Provider Cost to Charge Ratio Menu Tree	5-2
Figure 6.1 – Provider Marginal Cost Factor Window.....	6-1
Figure 6.2 – Provider Marginal Cost Factor Menu Tree.....	6-2

Figure 7.1 – Provider DRG Rate Window.....	7-1
Figure 7.2 – Provider DRG Rate Menu Tree.....	7-2
Figure 8.1 – Provider DRG Rate Maintenance Window	8-1
Figure 8.2 – Provider DRG Rate Maintenance Menu Bar	8-2
Figure 9.1 – Provider Service Location Window.....	9-1
Figure 9.2 – Provider Service Location Menu Tree.....	9-2
I	
ICD-9-CM	G-5, G-8
Indiana Administrative Code	G-5
M	
Medicare Provider Billing Maintenance Window	25-1
P	
Provider Address Maintenance Window.....	15-1
Provider Address New Window .	17-1
Provider Address Window .	13-1, 16-1
Provider Base Window	26-1
Provider Capital Cost.....	4-1
Provider Cost to Charge Ratio	5-1
Provider Dispensing Fee Adjustment Window.....	11-1

Provider Dispensing Fee Adjustment Window Menu Tree	11-2
Provider DRG Rate Maintenance Window.....	8-1
Provider DRG Rate Window	7-1
Provider EFT Account/Financial Institution Window	21-1
Provider EFT Listing Window ...	20-1
Provider Marginal Cost Factor Window.....	6-1
Provider Medical Education Cost Window.....	3-1
Provider Name Maintenance Window.....	14-1
Provider Program Eligibility Maintenance Window	2-1
Provider Restricted Services Maintenance Window	1-1
Provider Service Location Window.....	9-1
Provider Subspecialty List Window	24-1

T

Table 9.1 – Drop-down List Box of Counties	9-6
Tax ID Maintenance Window.....	22-1

U

UCC Maintenance Window.....	10-1
-----------------------------	------